



COUNTY BOROUGH OF GRIMSBY

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1969

INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE

COUNTY BOROUGH



OF GRIMSBY

With

*The Compliments of the Medical
Officer of Health*



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SCHOOL HEALTH SERVICE

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COUNTY BOROUGH OF GRIMSBY

Social Services Committee

(as constituted on 31st December, 1969)

The Worshipful the Mayor
(ALDERMAN A. C. PARKER)

Chairman
COUNCILLOR A. NEILSON

Deputy Chairman
COUNCILLOR P. D. CROWLEY

Aldermen
F. G. GARDNER MRS. M. LARMOUR
W. J. MOLSON

Councillors
F. P. COULT P. H. KALE
A. DE FREITAS MRS. M. E. PICK
MRS. M. ELLIOTT K. PRESCOTT
MRS. F. E. FRANKLIN, J.P. R. W. RAMSDEN
L. GOSTELOW MRS. L. TRAYER
D. IMISON MRS. M. E. TUXWORTH
P. WILLING

MENTAL HEALTH SUB-COMMITTEE:

COUNCILLOR A. NEILSON (*Chairman*); COUNCILLOR P. D. CROWLEY (*Deputy Chairman*); ALDERMAN GARDNER; COUNCILLORS COULT, MRS. FRANKLIN, GOSTELOW, KALE, MRS. PICK, MRS. TRAYER AND MRS. TUXWORTH.

STAFF OF THE HEALTH DEPARTMENT, 1969

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

R. G. HAUGHIE, M.B., Ch.B., D.P.H.

MEDICAL OFFICERS IN DEPARTMENT

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

J. BUCKINGHAM, M.B., Ch.B., D.P.H.

ANNE DOCKER, M.B., Ch.B. (to 31.12.69)

CHIEF PUBLIC HEALTH INSPECTOR

A. MANSON, M.A.P.H.I. 1, 2

PUBLIC HEALTH INSPECTORS

S. DAVIES, B.Sc., D.M.A. 1, 2, 3
(*Deputy Chief Inspector*)

W. W. REED, 1, 2 (*Principal Meat Inspector*)

R. FARNWORTH, 1, 2, 3 (*Principal District Inspector - Housing*)

R. R. LINCOLN, 1, 2, 3 (*Principal District Inspector - Food*)

S. MASTIN, 1, 2 (*Senior District Inspector*)
(Retired on 23.6.69)

D. L. CHERRY, 4 (*Senior District Inspector*) (from 3.2.69)

A. HENDERSON, 3, 4 (*Senior District Inspector*) (from 3.2.69)

A. FENN, 1, 2, 3 (*Senior District Inspector*)
(from 11.8.69)

D. ANDERSON, (*Authorised Meat Inspector*)

A. H. BELLAMY (*Authorised Meat Inspector*)

T. H. R. JOHNSON (*Drainage Assistant*)

R. W. CRAMPTON (*Technical Assistant*)

B. THAXTER (*Technical Assistant*)

M. J. DAVIE (*Pupil and Technical Assistant*)

A. DOUGLAS (*Pupil*)

D. J. HARTLEY (*Pupil*)

PRINCIPAL NURSING OFFICER

MRS. I. HALDANE, 5, 6, 7

HEALTH VISITORS

MISS I. R. ADAMSON, 5, 6, 7

MISS M. C. BAGG, 5, 6, 7

MISS J. BELL, 5, 6, 7

MRS. M. DAWSON, 5, 6, 7

MRS. H. C. DRYFE, 5, 6, 7

MRS. M. J. FREEMANTLE, 5, 6, 7
(from 15.9.69)

MRS. M. E. JOHNSON, 5, 6, 7

MRS. M. B. KOZLOWSKI, 5, 6, 7

MISS V. A. PAYNE, 5, 6, 7 (from 22.9.69)

MRS. J. D. M. RICHARDS, 5, 6, 7
(to 18.1.69)

MRS. I. M. STOREY, 5, 6, 7

MISS E. M. TIPPLER, 5, 6, 7

TUBERCULOSIS VISITORS

MISS D. ATKIN, 5, 6, 7

MRS. P. STRIDE, 5*

CLINIC NURSES

MRS. S. GARROD

MRS. M. COLEMAN, 5*

MRS. G. WHITEHALL, 5*

HOME NURSING SERVICE

MRS. B. BILLINGHAM, 5 (*Senior*)

MRS. W. L. DAVIE, 5 (*Senior*)

and staff of 15 nurses and 2 part-time bathing attendants

MUNICIPAL MIDWIVES

MISS E. BAXTER, 5, 6

MISS G. A. BAXTER, 5, 6

MRS. C. BEDFORD, 5, 6

MISS D. M. DAWSON, 5, 6*

MRS. C. DAY, 5, 6

MRS. K. G. GILMOUR, 5, 6

MISS J. ORREY, 5, 6

MRS. C. WESTCOTT, 5, 6

MRS. J. YEOMANS, 6

MENTAL WELFARE OFFICERS

MISS E. M. WOULD (*Chief*)
 L. C. RACKHAM
 MRS. J. V. STRINGER
 E. H. NUTTER
 H. FARROW

MISS J. S. FRIDLINGTON
 P. G. LAWE (*Trainee*)
 MISS J. PRETIOUS (*Trainee*)
 (from 14.7.69)

JUNIOR TRAINING CENTRE

MISS E. PATERSON, *Supervisor*
 MISS H. M. BARKER
 MISS C. A. BRADLEY
 MRS. J. M. BRYANT
 MRS. A. E. GORRINGE

MISS A. C. ROE
 MRS. C. M. WARD
 MRS. A. Y. WESTWOOD
 MISS E. HARWOOD (*Trainee*)

ADULT TRAINING CENTRE

F. J. HERDMAN (*Manager*)
 K. VON-STEIN (*Temporary Deputy Manager*) (to 9.5.69)
 E. N. SOUTHWICK (*Deputy Manager*)
 (from 22.5.69)
 W. BETTS (*Instructor*) (from 21.4.69)

MRS. S. M. WALLIS (*Instructor*)
 (from 31.3.69)
 MISS J. D. WILSON (*Instructor*)
 (to 19.4.69)
 MISS L. GALLANT (*Instructor*)
 (from 21.4.69)
 MISS H. CARR (*Instructor/Cook*)

AMBULANCE SERVICE

J. A. WHITE, Ambulance Officer, and staff of 36

DOMESTIC HELP

MISS L. BLACKBURN (*Organiser*)
 MRS. E. M. I. CROME (*Deputy Organiser*)

ADMINISTRATIVE AND CLERICAL STAFF

W. R. GALE (*Chief Administrative Assistant*)
 D. AMERY (*Administrative Assistant*)
 P. T. KITCHING (to 20.4.69)

MISS L. LEAK (*Senior*)
 MISS P. NESLEN
 MISS C. L. BUTTERFIELD
 MISS L. S. Y. KEYS (from 2.6.69)

PUBLIC HEALTH INSPECTOR'S SUB-DEPARTMENT

S. NASH (*Senior*)
 MRS. M. BROWN

MISS S. C. BARBER
 MISS K. F. WRIGHT

MATERNAL AND CHILD WELFARE SERVICE

MRS. J. A. POTTER (*Senior*)
 MRS. R. EARLEY
 MRS. I. SMITH (*Welfare Foods*)
 (to 7.6.69)
 MISS W. F. MOODY (*Welfare Foods*)

MRS. A. C. HOLLOWAY (*Welfare Foods*)
 (from 3.2.69)
 MRS. E. DUMELOW*
 MRS. B. M. EVANS*

MENTAL HEALTH SERVICE

MRS. D. I. CUTTING (to 16.6.69)
 MISS R. V. COE (to 28.2.69)

MISS P. PRITCHARD (from 3.3.69)
 MISS M. M. BEACOCK (from 24.7.69)

DOMESTIC HELP SERVICE

MRS. J. H. KYME
 MRS. R. A. ENGLAND (to 14.3.69)

MISS G. W. TUXWORTH
 (from 24.3.69 to 7.12.69)
 MRS. J. DARNELL (from 29.12.69)

AMBULANCE SERVICE

MRS. P. BEALEY
 MISS E. MATTERS (from 28.7.69)

MISS K. R. DURRANT (to 31.7.69)

HOME NURSING SERVICE

MRS. G. FERNIE (to 2.5.69)

MISS B. APPLETON (from 1.5.69)

* Part-time appointment

1. Public Health Inspector's Certificate
2. Meat Inspector's Certificate
3. Smoke Inspector's Certificate
4. Public Health Inspector's Diploma
5. State Registered Nurse
6. State Certified Midwife
7. Health Visitor's Certificate

INTRODUCTION

To the Mayor, Aldermen and Councillors of Grimsby County Borough.

I have the honour to present the statutory Annual Report on the health of the County Borough for 1969.

The vital statistics are very encouraging and contain several records. The birth rate remains well above the national average, but the death rate was slightly above, chiefly because of a very dramatic increase in deaths from lung cancer.

Infant mortality was the lowest for many years, and there were no maternal deaths. Likewise, the perinatal rate was the lowest ever recorded.

Similarly, the notification of new cases of tuberculosis was the lowest figure ever for Grimsby. However, one must face up to the other side of the picture when new high records were reached, i.e. lung cancer (almost a 50 per cent. increase on last year), a high illegitimacy percentage, the increase in the number of venereal infections, and the ever increasing deterioration in children's teeth with still no progress in the fluoridation of the water supply !

This blot on such a good year is even harder to bear when theoretically most of these are preventable. Greater use must be made of the mass media in getting across to the population the dangers of cigarette smoking, and definite periods set aside in every school for properly qualified instructors in sex education, coupled with venereal disease. This is now urgent because of the many temptations to teenagers in our modern permissive society.

Once again there were no epidemics and only a small number of dysentery cases, with no incidences of confirmed food poisoning, which is due to the general all round improvement in hygiene.

The absence of any cases of poliomyelitis and diphtheria has now become a regular feature, but parents must be made to realise that this happy state of affairs is entirely due to immunisation.

More and more demands seem to be made each year on the Home Nursing and Home Help Services, while the number of home confinements gets less and less. A good start has been made in arranging attachments to general medical practitioners, but shortage of nursing staff has raised difficulties.

Likewise, the Ambulance Service never seems to reach its peak, and the early opening of a day hospital and day centre will soon throw additional strains on this already busy service.

The Adult Training Centre is now in full swing and has already proved to be a great boon to those needing such help. Mental Health continues to cope with the ever increasing amount of mental problems in the community.

My grateful thanks go to all who have helped to make this a good year, and I am always appreciative of a Committee which supports all reasonable demands.

R. GLENN,
Medical Officer of Health

Health Department,
Queen Street,
GRIMSBY.

June, 1970

PART I.—STATISTICAL INFORMATION

SUMMARY OF STATISTICS

Area (in acres)—including foreshore	7,530
Rainfall	29.11"
Population (Census 1951)	94,557
Population (Census 1961)	96,665
Population (Registrar General's Estimate, Mid-1969)	96,500
No. of inhabited houses (end of 1969) according to Rate Books ...	30,868
Rateable value at 1st April, 1969	£4,282,579
Sum represented by a penny rate product, 1969/70	£17,338
Live Births:—	

	Males	Females	Total
Legitimate	771	718	1,489
Illegitimate	125	126	251
	<hr/>	<hr/>	<hr/>
	896	844	1,740
	<hr/>	<hr/>	<hr/>

Live birth rate per 1,000 population	18.0
Adjusted live birth rate (area comparability factor 1.02)	18.4
Illegitimate live births (per cent. of total live births)	14.4
Stillbirths:—	

Legitimate	11	11	22
Illegitimate	1	2	3
	<hr/>	<hr/>	<hr/>
	12	13	25
	<hr/>	<hr/>	<hr/>

Stillbirths rate per 1,000 total live and still births	14.0
Total live and still births	1,765

Infant deaths:—

Legitimate	19	5	24
Illegitimate	3	3	6
	<hr/>	<hr/>	<hr/>
	22	8	30
	<hr/>	<hr/>	<hr/>

Infant mortality rates:—

Total infant deaths per 1,000 total live births	17.0
Legitimate infant deaths per 1,000 legitimate live births	16.0
Illegitimate infant deaths per 1,000 illegitimate live births ...	24.0
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	9.0
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	6.0
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	20.0

Maternal mortality (including abortion):—

Number of deaths	Nil
Deaths (Males 587; Females 569)	1,156
Death Rate	12.0
Adjusted death rate (area comparability factor 1.09)	13.1
	No. Rate
Deaths from measles	— —
" " whooping cough	— —
" " diphtheria	— —
" " tuberculosis	5 0.05
" " cancer	239 2.48
" " influenza	5 0.05

VITAL STATISTICS

Population.—The Registrar General estimated the home population of Grimsby County Borough at mid-year 1969 to be 96,500, which is 530 less than his estimate for the previous year. The natural increase of the population, i.e. the excess of live births over deaths, was 584.

Births.—Live births registered totalled 1,740 (896 males and 844 females), giving a crude birth rate of 18.0 per thousand of the population, which when multiplied by the Registrar General's area comparability factor of 1.02, gives a corrected rate of 18.4. This rate continues to be above the average for England and Wales as the following tables shows:—

Year	Population	Number of Live Births	Live Birth Rate per 1,000 population (Corrected)	England and Wales
1960	97,030	1,909	19.6	17.2
1961	96,520	1,989	20.8	17.6
1962	96,780	2,031	21.0	18.0
1963	96,350	1,939	20.5	18.2
1964	95,300	1,960	20.9	18.5
1965	95,150	1,834	19.6	18.1
1966	95,030	1,794	19.2	17.7
1967	95,110	1,816	19.5	17.2
1968	97,030	1,762	18.6	16.9
1969	96,500	1,740	18.4	16.3

Two hundred and fifty-one (14 per cent.) of the live births in 1969 were illegitimate.

Stillbirths.—Twenty-five stillbirths were registered, giving a rate of 0.26 per thousand of the population. The rate expressed per thousand total live and still births was 14, compared with 13 for England and Wales.

Deaths.—There were 1,156 deaths of Grimsby residents (587 males and 569 females), giving a crude death rate of 12 per thousand of the population, which when adjusted by applying the Registrar General's area comparability factor of 1.09, gives a corrected rate of 13.1.

Table 1, page 14, records the causes of death in age periods compiled from figures supplied by the Registrar General, while the following tables gives the number of deaths and the corrected death rates for Grimsby for the last decennium, compared with the rates for England and Wales:—

Year	Number of Deaths	Death Rate per 1,000 population (Corrected)	England and Wales
1960	1,032	11.9	11.5
1961	1,038	12.0	11.9
1962	1,153	13.3	11.9
1963	1,077	12.5	12.2
1964	1,099	12.9	11.3
1965	1,086	12.3	11.5
1966	1,043	11.9	11.7
1967	1,085	12.3	11.2
1968	1,052	11.9	11.9
1969	1,156	13.1	11.9

Seven hundred and three (53.5 per cent.) of the total deaths of residents and non-residents registered (1,314) occurred in institutions in the Borough. Last year the percentage was 56.9.

Deaths of Grimsby residents 70 years of age and upwards totalled 647 (56 per cent.) compared with 600 and 57 per cent. respectively for 1968, the numbers at age periods being:—

	Males	Females	Total
Between 70 and under 75 years	94	57	151
" 75 " " 80 " 	76	91	167
" 80 " " 85 " 	58	98	156
" 85 " " 90 " 	28	78	106
90 years and over	14	53	67

Infant Mortality.—(Table 2, page 15). The number of deaths occurring in infants under one year of age was 30, giving an infant mortality rate of 17 per thousand live births, compared with 18 for England and Wales. The infant mortality rate per thousand legitimate live births was 16, and illegitimate live births 24; for England and Wales it was 17 and 25 respectively.

Neo-natal Mortality.—Sixteen of the 30 deaths recorded above were of infants under four weeks, equal to a rate of 9 per thousand live births; for England and Wales it was 12.

Deaths of infants under one week totalled 11, giving an early neo-natal mortality rate of 6 per thousand live births, compared with 10 for England and Wales.

Perinatal Mortality.—The perinatal mortality rate is the combined number of stillbirths and deaths of infants under one week expressed as a rate per thousand total live and still births.

Twenty-five stillbirths and 11 deaths in the first week of life occurred in 1969, equal to a perinatal mortality rate of 20, compared with 23 for England and Wales.

The following table gives a summary of the various infant mortality rates in the past 10 years :—

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Infant Mortality	25.1	21.6	23.6	19.1	15.3	16.9	26.2	22.6	20.4	17.0
Neo-natal Mortality	15.2	14.6	13.3	11.3	9.7	13.1	16.7	13.2	13.0	9.0
Early Neo-natal Mortality	12.0	13.5	11.3	9.8	7.6	11.4	15.0	12.1	13.0	6.0
Perinatal Mortality	40.2	31.6	23.8	29.3	22.6	28.4	36.5	28.2	26.3	20.0
Stillbirth	28.5	18.2	12.6	19.7	15.0	17.1	21.8	16.2	13.4	14.0

Maternal Mortality.—No deaths occurred of Grimsby residents during the year.

CANCER.—Deaths due to cancer totalled 239 (144 males and 95 females), giving a local death rate from this cause of 2.48 compared with 2.35 for England and Wales. The rates for the previous year were 2.27 and 2.31 respectively.

The number of the above deaths ascribed to cancer of the lung and bronchus was 78 (68 males and 10 females), equal to a rate of 0.81 per thousand population for Grimsby; for England and Wales it was 0.61. The corresponding rates for 1968 were 0.54 and 0.59 respectively.

Other cancer death rate was 1.67 (England and Wales 1.74), compared with rates of 1.73 and 1.72 respectively for last year.

The following table gives the localisation of disease and number of deaths from cancer for the past ten years:—

SITE	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Stomach	27	34	21	23	26	36	31	20	31	24
Lung and Bronchus	60	54	55	47	51	56	57	55	52	78
Breast	18	8	21	9	16	20	13	23	16	22
Uterus	8	3	9	7	8	8	7	9	12	12
Other Sites	108	104	90	103	113	96	109	107	108	103
TOTALS	221	203	196	189	214	216	217	214	219	239

Table 1—Causes of and Ages at Death during the Year 1969
(as compiled from figures supplied by the Registrar General)

.... CAUSE OF DEATH	All Ages			Under 1-yr.	Age in Years											
	Total	Males	Fem		1—	5—	15—	25—	35—	45—	55—	65—	75—			
	1156	587	569		30	13	5	8	3	22	74	211	294	496		
All Causes	1156	587	569	30	13	5	8	3	22	74	211	294	496			
Enteritis and other Diarrhoeal Diseases	3	2	1	—	3	—	—	—	—	—	—	—	—			
Tuberculosis of Respiratory System	1	1	—	—	—	—	—	—	—	1	—	—	—			
Other Tuberculosis incl. late effects	4	3	1	—	—	—	—	—	—	1	2	1	—			
Other Infective and Parasitic Diseases	5	4	1	2	2	—	—	—	—	1	—	—	—			
Malignant Neoplasm, Buccal Cavity, etc.	5	1	4	—	—	—	—	—	—	1	—	2	2			
Malignant Neoplasm, Oesophagus	3	3	—	—	—	—	—	—	—	—	1	—	2			
do. Stomach	24	14	10	—	—	—	—	—	—	3	8	11	2			
do. Intestine	23	12	11	—	—	—	—	—	2	2	7	3	9			
do. Larynx	3	2	1	—	—	—	—	—	—	—	1	2	—			
do. Lung, Bronchus	78	68	10	—	—	—	—	—	1	7	32	29	9			
do. Breast	22	—	22	—	—	—	—	—	4	4	7	4	3			
do. Uterus	12	—	12	—	—	—	—	—	—	—	4	6	2			
do. Prostate	13	13	—	—	—	—	—	—	—	1	1	6	5			
Leukaemia	7	4	3	—	—	—	—	—	—	1	1	1	4			
Other Malignant Neoplasms	49	27	22	—	2	2	1	—	3	4	13	13	11			
Benign and Unspecified Neoplasms	1	1	—	—	—	—	—	—	—	—	—	—	1			
Diabetes Mellitus	7	3	4	—	—	—	—	—	—	—	2	2	3			
Avitaminoses, etc.	1	1	—	—	—	—	—	—	—	—	—	—	1			
Other Endocrine etc., Diseases	1	—	1	—	—	—	—	—	—	—	—	1	—			
Anaemias	1	1	—	—	—	—	—	—	1	—	—	—	—			
Other Diseases of Blood, etc.	1	1	—	—	—	1	—	—	—	—	—	—	—			
Meningitis	1	1	—	1	—	—	—	—	—	—	—	—	—			
Other Diseases of Nervous System, etc.	7	—	7	—	—	—	—	—	—	2	3	2	—			
Chronic Rheumatic Heart Disease	11	4	7	—	—	—	—	—	—	3	4	1	3			
Hypertensive Disease	26	9	17	—	—	—	1	—	—	—	6	4	15			
Ischaemic Heart Disease	264	137	127	—	—	—	—	—	2	19	44	83	116			
Other Forms of Heart Disease	67	27	40	—	—	—	—	—	—	2	11	8	46			
Cerebrovascular Disease	160	53	107	—	—	—	1	—	1	9	23	39	87			
Other Diseases of Circulatory System	54	20	34	—	—	—	—	—	1	—	5	7	41			
Influenza	5	5	—	—	—	—	—	—	1	1	1	2	—			
Pneumonia	78	37	41	7	—	—	—	—	1	2	3	15	50			
Bronchitis and Emphysema	103	79	24	—	—	—	—	—	1	2	21	40	39			
Asthma	1	1	—	—	—	—	—	—	—	—	1	—	—			
Other Diseases of Respiratory System	13	7	6	7	1	—	—	—	—	—	1	—	4			
Peptic Ulcer	4	3	1	1	—	—	—	—	—	2	—	1	—			
Appendicitis	1	—	1	—	—	1	—	—	—	—	—	—	—			
Intestinal Obstruction and Hernia	4	2	2	—	—	—	—	—	1	—	1	1	1			
Other Diseases of Digestive System	11	3	8	—	—	—	—	—	—	—	2	3	6			
Nephritis and Nephrosis	2	2	—	—	—	—	—	—	—	1	—	1	—			
Hyperplasia of Prostate	6	6	—	—	—	—	—	—	—	—	—	4	2			
Other Diseases, Genito-Urinary System	7	1	6	—	—	—	—	—	1	1	—	—	5			
Diseases of Musculo-Skeletal System	5	—	5	—	—	—	—	—	—	—	1	—	4			
Congenital Anomalies	4	2	2	1	2	—	—	—	—	1	—	—	—			
Birth Injury, Difficult Labour, etc.	4	2	2	4	—	—	—	—	—	—	—	—	—			
Other Causes of Perinatal Mortality	6	4	2	6	—	—	—	—	—	—	—	—	—			
Symptoms & Ill-defined Conditions	12	—	12	—	—	—	—	—	—	—	—	—	12			
Motor Vehicle Accidents	11	7	4	—	—	1	3	1	—	2	3	—	1			
All Other Accidents	18	10	8	1	2	—	2	—	—	1	1	2	9			
Suicide and Self-Inflicted Injuries	5	2	3	—	—	—	—	2	1	—	1	—	1			
All other External Causes	2	2	—	—	1	—	—	—	1	—	—	—	—			

Table 2.—Infantile Mortality during the year 1969.

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 Year
All Causes	11	2	2	1	16	7	4	2	1	30
Other infective and parasitic diseases	—	—	—	—	—	2	—	—	—	2
Inflammatory diseases of central nervous system	—	—	1	—	1	—	—	—	—	1
Pneumonia	—	2	1	—	3	—	2	2	—	7
Other respiratory diseases	—	—	—	1	1	4	2	—	—	7
Gastritis and duodenitis ..	—	—	—	—	—	—	—	—	1	1
Congenital malformations of heart	1	—	—	—	1	—	—	—	—	1
Injury at birth	1	—	—	—	1	—	—	—	—	1
Post-natal asphyxia and atelectasis	3	—	—	—	3	—	—	—	—	3
Immaturity without mention of disease	6	—	—	—	6	—	—	—	—	6
Accidental obstruction of inhalation or ingestion	—	—	—	—	—	1	—	—	—	1
Totals	11	2	2	1	16	7	4	2	1	30

PART II.—CONTROL OF INFECTIOUS DISEASES

NOTIFIABLE INFECTIOUS DISEASES

Incidence.—The age and sex distribution of the total cases of notifiable disease reported during the year is set out in Table 3 on page 17.

Acute Meningitis.—Notifications totalled 13 (11 males and 2 females), compared with 8 in the last quarter of 1968. All the cases required hospitalisation and there were no deaths.

Dysentery.—Fifty cases (18 males and 32 females) were reported, compared with 96 the previous year. *Shigella Sonne* was identified in 18 of the cases; six were treated in hospital and no deaths occurred from this disease.

Infective Jaundice.—A total of 190 cases (84 males and 106 females) were notified, compared with 23 in 1968 when the disease was first made notifiable from the 15th June. Six patients were admitted to hospital and there were no deaths.

Measles.—One hundred and ninety-three cases (84 males and 109 females) were reported, compared with 637 last year. Five patients were treated in hospital and no deaths occurred. As this would have been normally an epidemic year it would appear that the new measles vaccine has had some influence.

Scarlet Fever.—Notifications of this condition totalled 71 (33 males and 38 females), showing an increase of 20 for the previous year.

Whooping Cough.—Only one notification was received as against 22 last year, the case being treated in hospital.

Cases, Contacts or Carriers of Infectious Diseases.—A notice was sent to employers of 17 cases (7 males and 10 females) of infectious disease who were engaged in the handling of food, informing them that the person concerned should not resume employment until the medical officer of health certified that it was safe to do so.

Certificates of exclusion from work were issued to 21 contacts or carriers (11 males and 10 females) also engaged in the handling of food.

Table 3. Cases of Infectious Diseases notified during the year 1969.

Notifiable Disease	All Ages		Under 1 year		1—2 years		2—3 years		3—4 years		4—5 years		5—10 years		10—15 years		15—20 years		20—25 years		25—35 years		35—45 years		45—65 years		65 years and over		
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Acute Meningitis ..	11	2	13	4	1	1	—	—	—	—	—	—	1	—	1	1	1	—	—	—	1	—	—	—	—	—	—	—	
Chicken Pox ..	209	179	388	8	6	13	10	6	11	22	17	18	18	107	93	25	17	4	3	1	2	3	1	—	—	—	—	—	
Dysentery ..	18	32	50	—	3	1	1	3	1	—	2	1	1	2	5	1	2	5	3	—	4	4	1	2	1	6	1	—	
Food Poisoning ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Infective Jaundice ..	84	106	190	—	—	—	—	1	—	2	5	2	8	41	49	18	22	4	9	6	1	8	—	2	2	2	—	—	
Measles ..	84	109	193	6	10	11	18	18	13	13	20	13	13	15	31	4	1	2	1	1	2	—	1	—	—	—	—	—	
Ophthalmia Neonatorum ..	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever ..	33	38	71	—	—	—	—	2	1	3	3	4	3	20	27	1	2	2	1	1	—	—	—	1	—	—	—	—	
Tuberculosis, Pulmonary ..	14	9	23	—	—	—	—	—	—	—	1	—	—	1	—	2	1	—	2	1	—	—	1	1	5	2	3	1	
Tuberculosis, Other Forms ..	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	
Whooping Cough ..	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS ..	453	480	933	18	21	27	29	31	27	40	48	38	43	187	205	52	46	13	21	15	4	15	16	5	6	8	12	4	2

TUBERCULOSIS

Notifications.—A total of 26 cases (23 pulmonary and 3 other forms) were notified, and in addition 7 cases already reported in other areas moved into the Borough.

New cases of tuberculosis notified during the year are shown by age and sex in Table 3 on page 17, and the following gives the number of notifications in the past ten years:—

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Pulmonary	65	49	61	34	39	47	34	22	40	23
Other forms	16	10	8	12	8	6	8	8	9	3
Totals	81	59	69	46	47	53	42	30	49	26

The number of cases on the Tuberculosis Register at the end of the year was 590 (539 pulmonary and 51 other forms).

Deaths. — The following records the number of deaths for the last decennium:—

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Pulmonary	6	8	6	5	6	3	5	4	5	1
Other forms	2	2	1	3	1	—	—	1	—	4
Totals	8	10	7	8	7	3	5	5	5	5

The death rate from all forms of tuberculosis for 1969 was 0.05, compared with 0.037 for England and Wales.

Revision of Register.—107 notified persons were removed from the current register during the year as follows:—

Left district	16
Recovered or cured	66
Not desiring further public medical treatment	2
Lost sight of	4
Tuberculosis deaths	5
Died from causes other than tuberculosis	14

Mass Radiography. — The Lincolnshire Mass Radiography Unit visited Grimsby from the 1st to 22nd August, and the following information is available:—

Miniature films taken	3,199
Recalled for large films	53
Referred to Chest Clinic	27
Cases of pulmonary tuberculosis requiring	
(a) close clinic supervision or treatment	3
(b) occasional supervision/no treatment	2
Post primary inactive pulmonary tuberculosis	8
Bronchial carcinoma	3
Sarcoidosis	1
Cardiac abnormality	3
Pneumoconiosis	1

Chest Clinic.—The following general analysis of the work carried out in regard to Grimsby patients at this clinic during the year has been supplied by Dr. J. Glen, Consultant Chest Physician.

New cases examined (excluding contacts)				Total
(a) Definitely tuberculous	21	}	... ..	2,239
(b) Diagnosis not completed	92			
(c) Non-tuberculous	2,126			
Contacts examined :				
(a) Definitely tuberculous	5	}	... ..	345
(b) Diagnosis not completed	15			
(c) Non-tuberculous	325			
Cases written off Clinic Register, including 2,531 non-tuberculous				2,643
Cases on Clinic Register as at 31st December				
(a) Definitely tuberculous	552	}	... ..	662
(b) Diagnosis not completed	110			
Total attendances at clinic, including contacts				5,358
Consultations with medical practitioners				4,927
Home visits by nurses				2,802
X-ray examinations — radiographic films				3,512

The number of new diagnosed cases showed a decrease of 18 pulmonary and 3 non-pulmonary compared with last year and there has also been a gratifying reduction in the incidence of the disease over the years.

The B.C.G. campaign has now been in existence for many years and on the whole has been directed mainly to those under the age of 15 years so far as this clinic is concerned. The result of this form of immunity is apparent in the ever-lessening number of new cases of tuberculosis in this particular age group.

The number of deaths from tuberculosis was five, thus the exceptionally low figure in recent years has been maintained. This fact emphasises the vast changes that have taken place in the successful modern methods of treatment, and co-operation in all branches of the hospital service. Most of the deaths from tuberculosis were in patients admitted to hospital in a moribund state, not giving any time for effective treatment to be given.

Non-tuberculous conditions requiring investigation referred to the clinic and either diagnosed there or through in-patient treatment in the chest hospital during the year were as follows:—

	Men	Women	Children
Cancer	54	16	—
Bronchiectasis	5	—	1
Asthma	40	24	9
Unresolved Pneumonia	12	10	—
Non-tuberculous effusion	3	1	—
Spontaneous Pneumothorax	6	—	—
Cardiac	49	9	—
Other conditions	7	9	—
Mitral Stenosis	—	1	—
Sarcoidosis	—	1	—
Cystic disease	—	1	—
Totals ...	176	72	10

There is some increase in cancer in males, while the females remain static at a considerably lower figure. The peak age has gradually changed from 50-65 to 65-70, which makes surgical treatment very difficult, as many patients have other medical conditions, contra-indicating radical treatment.

The following shows the number of new cases referred to the Clinic by general medical practitioners, institutions, clinics, etc., in the past five years:—

	Men	Women	Children	Total
1965	869	1,735	233	2,857
1966	953	979	270	2,202
1967	935	800	215	1,950
1968	814	603	274	1,691
1969	1,111	849	279	2,239

The work load has increased considerably over the last three years, despite the fact that we have greatly reduced the number of pregnancy x-rays, indicating that the general medical practitioners are using the facilities to the full.

Preventive Care.—This branch of the work embraces many sections and perhaps one outstanding example is the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child (say under four years) with a positive tuberculin test, but who is apparently well and symptomless, I have resorted to institutional anti-tuberculous drug treatment as a preventive measure and will continue to do so.

It is gratifying to find that no child under clinic supervision in this category has had any serious tuberculous condition and no case of tuberculous meningitis occurred during the year.

The B.C.G. Vaccination scheme continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, tuberculin testing and radiological examination. The investigation into infant contacts has continued to a marked degree, and experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants. The day will be welcomed when this preventive measure can be offered to all children and become a routine vaccination at birth, instead of at 13 years of age.

The number of successful B.C.G. vaccinations was :—

	Men	Women	Children	Total
Contacts	2	5	87	94
On behalf of local authority ...	10	7	105	122
Hospital staffs	1	11	—	12
Hospital in-patients	1	—	34	35
Totals ...	14	23	226	263

B.C.G. Vaccination is given at birth in the two maternity hospitals in the area of the Grimsby Hospital Management Committee and in a private nursing home where there is a maternity wing. The babies are later seen at the clinic to ascertain that vaccination has been successful.

The number of contacts seen through the clinic is reflected in the vigilance of the health visitors bringing them along for investigation. The majority of contacts diagnosed as having tuberculosis would have escaped detection for a long time but for the facilities available for this form of testing. The ascertainment of such cases is important as they are often found to have a minor degree of disease.

There has been a tendency in certain areas for health visitors to undertake general duties, including chest disease. It is noteworthy that the Medical Advisory Committee of the Department of Health and Social Security sought the views of interested sections, such as the Joint Tuberculosis Committee, the Chest Disease Group of the British Medical Association, and others. All recommended the continuation of chest diseases as a speciality and for the close association of health visitors with chest clinics. It is understood that the Royal College of Physicians has given similar advice and Grimsby, by maintaining the present system, seems to have the support of many influential bodies.

The Housing Sub-Committee has once again been very helpful in dealing with cases of pulmonary tuberculosis and there is complete co-operation between the Medical Officer of Health, the Committee and myself in endeavouring to secure good and adequate housing accommodation for patient and family.

Cases in need of physiotherapy, breathing exercises and postural drainage are referred from the clinic to the Physiotherapy Department at the Scartho Road Hospital. Sessions are also held periodically by Mr. R. C. Barclay, F.R.C.S., parts of which are devoted to the assessment of bronchiectatic cases suitable for surgery, as well as to the follow up of his operative cases, and this arrangement has been found to be most helpful in the assessment of difficult patients.

VENEREAL DISEASE

The Special Treatment Centre, which is under the administrative control of the Grimsby Hospital Management Committee, will by the time this Report is published have moved to temporary accommodation provided in that part of the Watkin Street Infant Welfare Clinic formerly used as a dental suite.

The following table shows the incidence of this disease in Grimsby over the past ten years:—

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Syphilis	8	4	7	31	8	12	5	9	7	5
Gonorrhoea	56	45	75	27	43	101	78	59	39	66
Other Conditions ...	161	123	325	150	151	195	189	167	148	185
Totals ...	225	172	407	208	202	308	272	235	194	256

The Port Health Inspectors have continued to circulate to shipping details of the location and times of sessions of this Centre, and similar information is displayed in all public conveniences.

PART III.—LOCAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics.—As in previous years, six premises were utilised, only three of which were purpose built. A total of eight sessions were held weekly as follows:—

Hope Street Welfare Centre	Tuesday & Thursday, 2 p.m.
Watkin Street Welfare Centre	Tuesday & Thursday, 2 p.m.
St. Michael's Church Hall, Littlecoates Road	Tuesday, 2 p.m.
Milton Road Welfare Centre	Wednesday, 2 p.m.
Louth Road Methodist Church Hall	Friday, 2 p.m.
Old Clee Church Hall	Friday, 2 p.m.

These sessions afforded full immunisation and vaccination programmes, which included vaccination against measles.

Attendances:	1969	1968
Under 1 year	12,860	13,610
Between 1 and 2 years	1,771	1,645
	<u>14,631</u>	<u>15,255</u>

Toddlers' Clinics.—These were held twice weekly in the following purpose built Infant Welfare Centres. These were attended by children aged 18 months to 4 years. An appointment system was employed, and attendances totalled 1,746 compared with 1,506 last year.

Hope Street	Wednesday and Friday, 10 a.m. to 12 noon
Watkin Street	Wednesday 2 to 4 p.m., Friday 10 a.m. to 12 noon
Milton Road	Monday and Thursday, 2 to 4 p.m.

Distribution of Welfare Foods.—This was continued at the Infant Welfare Centres during clinic sessions and at the Victoria Street premises during normal shop hours on week days and Saturday mornings. The amounts of the various materials involved are shown below:—

	1969	1968
National Dried Milk, cartons ...	24,030	29,242
Orange Juice, bottles	17,947	16,463
Cod Liver Oil, bottles	1,142	1,037
A & D Vitamin Tablets, packets	1,655	1,285

Courses in Mothercraft.—These were run concurrently with the classes in the psychoprophylactic preparation for childbirth and consisted of one class meeting once weekly for 8 weeks. Attendances were 915 (1,160 for 1968).

Parents' Club.—Meetings were held regularly at the Watkin Street Infant Welfare Centre and continued to be popular. The sessions were devoted to social and educational activities, and attendances numbered 746 compared with 732 for the previous year.

Ante-natal Clinics.—The municipal midwives continued to hold their booking and ante-natal sessions once weekly at the Hope Street, Watkin Street and Milton Road Centres. A medical officer was in attendance on a part-time basis only, and at the Milton Road Centre sessions only. Attendances totalled 196 (314 in 1968).

Post-natal Clinics.—The volume of this work continued to diminish and the few women who took advantage of this service were seen at the ante-natal sessions. Total attendances were 7 (13 last year).

Nurseries and Child-Minders Regulation Act, 1948 (*As amended by the Health Services and Public Health Act, 1968*).—At the 31st December, nine premises and fourteen daily minders were registered to provide sessional care for 260 and 64 children respectively.

Notification of Births.—There were notified 1,884 live births and 36 stillbirths, compared with 1,832 and 43 respectively for the past year.

Infant Mortality —

		1969 Rate (per 1,000 live births)		1968 Rate (per 1,000 live births)
Infant Mortality ...	No. 30	17.2	No. 36	22.6
Neo-natal Mortality ...	No. 16	9.2	No. 23	13.0

Causes of death in the neo-natal period were —

Birth Injury	4	Meningitis	1
Pneumonia	3	Congenital anomalies	1
Other diseases of respiratory system	1	Other causes	6

Causes of death over 1 month were —

Other diseases of respiratory system	6	Other infective and parasitic disease	2
Pneumonia	4	Enteritis	1

All other accidents

1

Prematurity —

	1969	1968
Total premature live births	134	150
Births in hospital	129	136
Born at home	5	14

Percentage surviving at 28 days

Total	91.8
Born in hospital	91.47
Born at home	100
Born at home and transferred to hospital	100

Weight at birth	Premature live births											
	Born in hospital				Born at home or in a nursing home							
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day			
					Died				Died			
	Total Births (1)	within 24 hrs. of birth (2)	in 1 and under 7 days (3)	in 7 days and under 28 days (4)	Total Births (5)	within 24 hrs. of birth (6)	in 1 and under 7 days (7)	in 7 days and under 28 days (8)	Total Births (9)	within 24 hrs. of birth (10)	in 1 and under 7 days (11)	in 7 days and under 28 days (12)
1. 2lb. 3oz. or less ..	1	—	2	—	—	—	—	—	—	—	—	—
2. Over 2lb. 3oz. up to and including 3lb. 4oz. ..	9	4	1	—	—	—	—	—	—	—	—	—
3. Over 3lb. 4oz. up to and including 4lb. 6oz. ..	24	2	1	—	—	—	—	—	1	—	—	—
4. Over 4lb. 6oz. up to and including 4lb. 15oz. ..	19	—	—	—	—	—	—	—	—	—	—	—
5. Over 4lb. 15oz. up to and including 5lb. 8oz. ..	76	—	1	—	2	—	—	—	2	—	—	—
6. Totals	129	6	5	—	2	—	—	—	3	—	—	—

Stillbirths —

	1969	1968
Total number notified	36	38
Outward transfers	15	16
Occurring at home	3	2
Occurring in hospital	33	36
Associated with prematurity	17	17
Macerated	18	16

Contributory causes were —

Congenital defect	7	Intracranial haemorrhage	1
Pre-eclamptic toxæmia	7	Multiple pregnancy	1
Prematurity	4	Abnormality of cord	1
Ante-partum haemorrhage	3	Obstructed labour	1
Rhesus incompatibility	2	Not known	8
Hypertension	1		

The following tables are included to give an indication of the range of (a) period of gestation and (b) birth weight.

Period of gestation		Weight of foetus	
29 weeks	1	Under 3lbs.	6
32 „	4	3lb. and under 4lb.	5
33 „	1	4lb. „ „ 5lb.	3
34 „	2	5lb. „ „ 6lb.	6
35 „	1	6lb. „ „ 7lb.	6
36 „	1	7lb. „ „ 8lb.	4
37 „	4	8lb. „ „ 9lb.	4
38 „	4	9lb. „ „ 10lb.	1
40 „	6	Unknown	1
41 „	8		
42 „	3		
Unknown	1		

Maternal Mortality.—No maternal death was reported during the year.

At Risk Register.—At 31st December there were 1,085 names on the Register, 473 of which had been placed thereon during the year under review.

Notification of Congenital Malformations.—There were 25 notifications (17 for the previous year), and these are shown below:—

Talipes	5	Talipes with spina bifida and anencephalus	1
Anencephalus	3	Talipes with unspecified malformation of ear	1
Congenital dislocation of hip ...	3	Other specified malformation of brain and spinal cord	1
Talipes with spina bifida	2	Unspecified malformation of ear with talipes and malformation of upper limb	1
Cleft lip	2	Other specified malformations of intestinal tract	1
Spina bifida	2		
Epispadias	1		
Mongolism	1		
Unspecified malformation of heart	1		

Care of Unmarried Mothers.—Financial responsibility was accepted in 6 cases, 12 less than in 1968.

Ophthalmic Treatment.—Twenty-six cases were referred from the Maternal and Child Welfare Clinics compared with 24 last year.

Ophthalmia Neonatorum and Pemphigus Neonatorum.—Only one case of Ophthalmia Neonatorum was notified.

Orthopaedic Treatment.—There were 18 cases of referral from Infant Welfare Centres, ten more than in 1968.

Children in Care.—At the request of the Children's Officer, 34 children were medically examined prior to placing with foster parents.

Children for Adoption.—At the request of the Lincolnshire Diocesan Board for Moral Welfare 18 babies were examined medically prior to being placed for adoption.

DENTAL SERVICE FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A. Attendances and Treatment

Number of Visits for Treatment during year:	Children 0-4 (incl.)	Expectant and Nursing Mothers
First visit	183	62
Subsequent visits	73	150
Total visits	256	212
Number of additional Courses of Treatment other than the First Course commenced during year	4	2
Treatment provided during the year—		
Number of Fillings	72	112
Teeth Filled	66	75
Teeth Extracted	430	220
General Anaesthetics given	185	34
Emergency visits by Patients	89	10
Patients X-Rayed	—	4
Patients treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis) ..	3	16
Teeth otherwise conserved	—	—
Teeth Root Filled	—	2
Inlays	—	—
Crowns	—	2
Number of Courses of Treatment completed during the year	198	58

Part B. Prosthetics

Patients supplied with F.U. or F.L. (First Time)	13
Patients supplied with other dentures	14
Number of dentures supplied	38

Part C. Anaesthetics

General Anaesthetics administered by Dental Officers ..	—
---	---

Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of patients given First Inspections during year	254	73
Number of Patients who required treatment	214	72
Number of patients who were offered treatment	214	72

Part E. Sessions

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients.

For Treatment	74
For Health Education	—

MIDWIFERY

The number of home confinements was the lowest for five years, and this dictated a number of changes in the work pattern of the Section.

	Deliveries	Visits to Discharges
1965	419	6,242
1966	310	7,877
1967	258	8,661
1968	210	9,114
1969	139	9,921

Firstly, the majority of the home confinements were allocated to the three teaching midwives for tuition purposes.

Secondly, it compelled the introduction of the Community Care programme relative to the Part II training of pupil midwives. This is a training syllabus approved by the Central Midwives Board whereby the number of confinements performed by each pupil is reduced from a mandatory ten to six and in which the time thus saved is devoted to instruction of the pupil in the theory and practice of aspects of community care other than the midwifery services, e.g. Maternal and Child Welfare, School Health, Mental Health Services, etc.

Thirdly and because the number of hospital confinements rose reciprocally, there was an increased number of visits made to cases of early discharge from hospital. In this connection it is to be reported that many women took early discharge against advice, despite their unhygienic and under-privileged home circumstances. Caring for these women and their babies created for the domiciliary midwives and their colleagues very special problems.

There were two other changes in the work of the Section during 1969.

Three midwives were allocated on a rota basis to attend at ante-natal clinics run specially at their surgeries by general medical practitioners. This has proved to be a good substitute for attachment, which owing to the small number of domiciliary midwives, was impracticable.

An improved method of screening for phenylketonuria (Guthrie Test) was introduced in November. This was carried out by the domiciliary midwives and replaced the Phenistix test previously done by health visitors.

HEALTH VISITING

One member of the staff, Mrs. M. J. Freemantle, transferred, partly trained, from Oxford County during June. She completed her training in Grimsby, qualified in September and joined the staff immediately thereafter. Another member of staff, Miss Payne, completed her training and qualified in December.

The health visitors, and in particular the field work instructor (Mrs. Dawson), had to devote more time than in previous years to teaching. This was necessary because a large number of students were attached to the section for tuition, i.e. students from overseas, from the hospital service and pupil midwives taking Part II training.

A total of 18,326 visits were made to children under 5, compared with 22,633 last year.

There was a continuing programme of psychoprophylaxis classes throughout the year at the three purpose-built welfare clinics, which proved to be very popular. The midwives and their pupils attended when their duties allowed.

The mothercraft class (known as the Stork Club), which was planned and implemented jointly by members of the hospital staff and the health visitors, was very well attended. Fathers-to-be were catered for at special sessions so that the course had a socialising effect as well as an educational one.

A similar type of course was, at the request of the National Association for Moral Welfare, organised for prospective adopting parents.

It is to be reported that health education occupied an increasing amount of the health visitors' time.

Liaison with members of the hospital staffs and the general medical practitioners was augmented, and health visitors were in attendance at all the clinics of the Consultant Child Psychiatrist and the Consultant Paediatrician. Direct co-operation between hospital ward sisters and health visitors has been established as a recognised means of dealing with special problems.

HOME NURSING SERVICE

The whole time establishment of this Service at the end of the year was:—

- 2 Senior Nurses (S.R.N.) and (S.R.N., Q.N.)
- 6 Queen's Nurses
- 1 District Trained Male Nurse
- 7 State Registered Nurses
- 1 State Enrolled Male Nurse

In addition, two bathing attendants are employed in a part-time capacity on five mornings per week.

Two district nurses attended Refresher Courses arranged by the Queen's Institute of District Nursing, and most of the staff attended a Study Day arranged by the Matron of the Scartho Road Hospital, to which the Medical Officer of Health and the Consultant Geriatrician contributed. Liaison with the hospitals and other statutory and voluntary organisations has been most satisfactory.

The year has been one of co-ordination with further development of decentralized team work within this particular Service. Three nursing teams, each with a leader, have been attached to an infant welfare centre in approximate equal geographical sectors of the town. The leader contacts the central office both morning and afternoon and arranges any changes of day to day work that may be necessary. In this way the number of telephone and personal calls by the staff to the central office has been reduced, and as each member becomes in turn a leader extra responsibilities and experiences are shared by all.

The greatest significance of this experiment has been the stimulation of interest and growing awareness of individuals to the fact that each is a member of a larger community nursing team. Colleagues are at last becoming known to each other and it is hoped that when group attachment with general medical practitioners becomes a reality this experience will be of value.

At regularly held staff meetings, the nurses are made conversant with this aspect of their work and whilst there is good co-operation with general medical practitioners, it is anticipated that a form of 'loose' attachment will be instituted in 1970.

As the majority of cases nursed are in the extended age group, it is imperative that there is a supply of modern equipment and nursing aids. A local ladies' 'Keep Fit' group presented the Service with a Ripple Bed.

The following shows the work done:—

Cases being nursed on 1st January		334
New cases nursed during the year:—		
Adults	911	
Children 5 to 15 years of age	7	
Children under 5 years of age	4	
	—	922
Total		<u>1,256</u>

The figures given below show the total cases and number of visits for the past five years:—

Year	New Cases	Total Cases	Visits
1965	812	1,145	45,167
1966	796	1,126	46,538
1967	847	1,161	46,676
1968	826	1,152	49,379
1969	922	1,256	49,351

Summary of New Cases Nursed

ADULTS

Notifiable diseases:—

Tuberculosis	3
Others	7

Maternal:—

Post-Natal pyrexia	2
Miscarriage	—
Others	13

Surgical:—

Acute	36
Chronic	132

Medical:—

Anaemia	64
Diabetes	20
Broncho-pneumonia	3
Bronchitis	25
Other chest conditions	15
Rheumatic conditions	34
Cerebral haemorrhage — under 60	16
" " — over 60	68
Cancer	83
Ear, nose and throat	2
Gynaecological	13
Cardiac disease	47
Disseminated sclerosis	4
Senility	136
Enemata	98
Others	90

CHILDREN 5 to 15 YEARS OF AGE

Medical	4
Surgical	3

CHILDREN UNDER 5 YEARS OF AGE

Medical	2
Surgical	2

Total	...	<u>922</u>
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Injections.—The nursing staff gave injections to patients in their homes, as follows:—

Diabetics (insulin)	7
Antibiotics	13
Diuretics	16
Anti-Anaemia	59
Cortisone	8
Other special injections	38

Out of the above total of 141 patients receiving injections during the year, 23 also required general nursing care.

VACCINATION AND IMMUNISATION

General.—There was no need to make any alteration to the immunisation programmes but unfortunately the figures for the year show a decrease. The main reason for this drop is attributed to the new schedule of immunisation which commenced at the end of 1968. Because of the longer intervals between doses and the age of starting immunisation being altered to six months—plus the introduction of measles vaccination—the completion of a course of injections is now prolonged.

It is pleasing to report that there were no cases of smallpox, diphtheria or poliomyelitis and only one case was reported of whooping cough. There were 193 cases of measles and this also represents a decline in the number of cases.

Diphtheria immunisation.—A total of 1,376 children received the complete course of inoculations as against 1,628 the previous year, and the following shows the immunisation state for the past five years:—

Year	Under 5 years	5-15 years	Total
1965	1,503	264	1,767
1966	1,303	231	1,534
1967	1,430	229	1,659
1968	1,288	340	1,628
1969	1,128	248	1,376

Re-inforcing injections were given to 2,152 children compared with 2,654 last year.

Whooping cough immunisation.—There was only one case of whooping cough notified and immunisation was given as triple antigen to 1,116 children (1,268 the previous year).

Smallpox vaccination.—The number of children to receive primary smallpox vaccination was 424 as compared with 613 in 1968. Of the total, 257 were in the one-year age group. In addition, forty-five children were re-vaccinated.

Poliomyelitis vaccination.—The number of children immunised against poliomyelitis was 1,387. The figures for the past five years are as follows:—

Year	Under 5 years	5-15 years	Total
1965	1,504	84	1,588
1966	1,531	166	1,697
1967	1,437	239	1,676
1968	1,322	385	1,707
1969	1,138	249	1,387

Children are offered a reinforcing dose of oral vaccine at school entry and 2,149 children received these doses this year.

Measles vaccination.—The campaign against measles was almost brought to a standstill by the shortage of vaccine following the withdrawal of Wellcovax from use in this country. The available supplies of vaccine made from the Schwarz strain were used and by the end of the year 708 children had been immunised.

AMBULANCE SERVICE

The returns for this Service show an increase of 1,197 patients carried and 8,118 miles travelled over the previous year.

Patients travelling to distant specialist hospitals and clinics have increased by 1,231 (from 2,808 to 4,039), thus depleting the Service of both manpower and vehicles and making overtime unavoidable. A total of 519 sitting cases was transported by rail, 143 more than last year. Geriatric cases attending the Scartho Road Hospital at present total 15 per day, compared with 3 in 1968. During 1970 a Day Hospital for geriatric patients, a day operating session for elective surgery and a Special Day Unit for severely physically handicapped children will come into operation.

Twelve patients are taken to the Woodhall Spa Clinic twice weekly and are collected at 1100 hours and returned at 1930 hours. The large twelve-seat sitting case vehicle is used for this purpose and usually two driver/attendants are sent because some of the cases are unfit to travel alone.

With other out of town duties (journeys to Nottingham, Sheffield and Lincoln) the Service is invariably left with one ambulance and one sitting case vehicle to cover the whole of the County Borough, which necessitates men off duty having to be recalled to assist in the removal of patients and other work of an urgent nature.

Only by liaison with hospitals can the Service deal with this large number of patients, as during peak traffic congestion long delays are unavoidable, and this factor continues to disrupt advanced planning. The Shift Leader has had to be withdrawn from duties at the hospital to provide an additional vehicle crew and it would be advisable to recommence this duty as soon as possible in the best interests of the Service.

Seven members of the Service attended a six weeks' course of instruction at the Ambulance Training School, Cleckheaton, all receiving encouraging reports.

Two replacement ambulances are expected to be delivered early in 1970.

The statistical tables follow, the figures in brackets being those for 1968.

OPERATIONAL

Type of Case	Patients		Journeys	
Accident	979	(532)	1,010	(1,253)
Other	1,903	(2,267)	997	(1,126)
Removals (Local) ..	39,996	(40,267)	3,089	(2,880)
Removals (Other) ..	4,039	(2,808)	1,670	(1,680)
Miscellaneous	2,181	(2,027)	595	(537)
Totals	49,098	(47,901)	7,361	(7,476)

ANALYSIS OF ALL JOURNEYS

Emergency Type		Patients		Journeys		Mileage	
Ambulances	1,984	(1,964)	1,100	(2,100)	14,149	(18,667)	
Sitting Case Vehicles	898	(835)	652	(665)	13,131	(14,220)	
General							
Ambulances	10,432	(11,369)	2,198	(2,387)	72,436	(51,964)	
Sitting Case Vehicles	35,784	(33,733)	3,259	(2,141)	95,192	(102,145)	
Abortive & Service							
Ambulances	—	(—)	152	(183)	776	(570)	
Sitting Case Vehicles	—	(—)	—	(—)	—	(—)	
Totals	49,098	(47,901)	7,361	(7,476)	195,684	(187,566)	
By Rail	519	(376)	711	(659)	40,483	(27,557)	

VEHICLE STATISTICS

	Miles		Petrol (galls.)		M.P.G.	
Ambulances	90,606	(86,393)	7,017	(7,499)	13	(11)
Dual Purpose Vehicles	87,003	(85,068)	4,800	(4,365)	18	(20)
Sitting Case Vehicles	18,075	(16,107)	723	(556)	25	(29)
Crash Vehicle	—	(—)	7	(—)	—	(—)

AVERAGES

Miles per patient	4.3	(4.5)	Miles per journey	26.5	(25)
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PREVENTION OF ILLNESS, CARE AND AFTER-CARE

This section of the Health Service, under the administration of the Principal Nursing Officer, has been extensively used by the nursing team (health visitors, school nurses, district nurses and midwives), as well as by general medical practitioners, hospital consultants and social workers of both statutory and voluntary organisations.

The full extent of the use of this service is dependent upon the referral of cases by others and it is pleasing to relate that there has been good and effective liaison with the various departments and voluntary agencies. The following is a summary of work done:—

New Cases	63
Number on whom casework was continued	163
Domiciliary visits	338
Office interviews	13

Central Care Council.—There has been a wide variety of cases referred for help to the General Care Committee, most falling within the extended age group and one of their greatest needs during times of sickness is for warmth. Help with extra fuel is therefore high on the list of priorities.

Financial and material help has also been given to families with children in different age groups for visits to hospitals out of town. A group of parents using and organising a private bus have also been helped for the first time this year. Periods of convalescent treatment have also been arranged.

The Marie Curie Memorial Foundation and the National Society for Cancer Relief have assisted with monetary provision for night nursing and payment of special grants. Fourteen cases received a weekly grant throughout the year, with an extra gift of £3 at Christmas.

The Grimsby Tuberculosis and Chest Care Committee has again provided for the needs of all patients who have attended the Chest Clinic or were treated in the Springfield Hospital, and for whom subsequent after-care was necessary.

B.C.G. Vaccination.—Full information of the year's work in this field is given in the School Health Service section (Part VIII) of this report, but the following shows the number of vaccinations carried out in the past five years:—

Year	Contact Scheme	School Children Scheme
1965	287	1,405
1966	243	1,220
1967	187	274
1968	147	909
1969	123	1,170

Yellow Fever Vaccination.—The number of persons vaccinated and issued with an international certificate was 326, 25 less than in the previous year.

Chiropody Service.—This service is administered by the Welfare Services Department of the Corporation and I am indebted to the Director of Welfare Services for supplying the following information:—

An additional full-time chiropodist was appointed to the staff during the year, making the number now employed two full-time and two part-time on a sessional basis. Sessions are held daily in the offices of the Welfare Services Department and twice weekly as required in the premises of the part-time chiropodists; domiciliary visiting is also carried out.

A total of 2,079 patients received 8,957 treatments during the year as follows:—

	Patients	Treatments
The William Molson Centre	1,075	4,944
Domiciliary visiting	431	1,330
Welfare Homes	323	1,284
Private Surgeries	250	1,399

Fluoridation of the Public Water Supply.—The Social Services Committee, at their meeting on the 14th July, 1969, considered a letter to the Mayor from the Secretary of State for Social Services, together with Ministry of Housing and Local Government Circular 43/69 and Department of Health and Social Security Circular 8/69, and resolved that they adhere to the previous decision of the former Health Committee to take no action in this matter.

On the 8th September the Committee also considered a letter from the Grimsby Executive Council urging the implementation of the recommendation regarding fluoridation of the water supply, and again decided that no action be taken.

Cervical Cytology.—Unfortunately, the demand for this service did not improve, 200 women being examined at the Milton Road Clinic compared with 437 the previous year. The staff at the Clinic is all female, consisting of a medical officer, nurse and receptionist, and patients are seen by special appointment so there is little, if any, delay.

Many general medical practitioners take part in this work and since the service is governed by the number of smears which can be examined at the Pathological Laboratory of the Grimsby General Hospital, no press publicity campaigns have been undertaken.

The findings were as follows:—

Number of smears	200
Breast examination only	—
Trichonoma infection	6
Doubtful	1
Positive	—
Other	2

Long-stay Immigrants.—All long-stay immigrants were visited by a health visitor and given information about health services available to them and their dependants, as far as possible in their own language. In particular, they are advised to register with a general medical practitioner and avail themselves of x-ray examination and deaf testing facilities provided by the Chest Clinic. This year eleven immigrants were visited.

HEALTH EDUCATION

The health visitors and school nurses again carried out Health Education among the school population and details are included in the School Health Service Section of this Report.

The Parents' Club, held twice monthly at the Watkin Street Infant Welfare Clinic, has gained in popularity. The Committee of this Club continues to be energetic and self-supporting and provides a varied and interesting programme of social and educational content throughout the year.

Nine lectures and talks were given to local organisations on various aspects of Public Health and Health Education, six by the Medical Officer of Health, one by the Chief Public Health Inspector and two by the Chief Mental Welfare Officer. A total of 290 persons attended these meetings.

A further course of lectures on Food Hygiene commenced in September at the Grimsby College of Technology. These cater for the employees of food shops, food manufacturing and catering premises with a view to taking the examination for the Certificate of the Royal Society of Health in "Hygiene of Food, Retailing and Catering." Forty-nine persons enrolled for the course, which again consisted of two classes on Tuesday afternoons for 'day release' students and one class on Thursday evenings. The Deputy Chief Public Health Inspector is assisted by a Principal District Inspector (Food) in giving these lectures, which in view of the food production in factories in the area cannot but achieve better conditions in the manufacture, handling and processing of food.

Full use was again made of the publicity material of the Health Education Council and of the Royal Society for the Prevention of Accidents, the local health authority subscribing to both bodies, while Better Health journals, publication of which ceased after the December issue, were again distributed through the usual channels.

DOMESTIC HELP

Once again the demand on this Service has increased, the aggregate number of cases attended being 1,045 compared with 1,007 in the previous year. After investigating 461 applications, 173 were provided with help and 772 were carried over from 1968.

The number of maternity cases continues to decrease, but there has been an overall increase of 38 in the other categories. Applications have been referred from the usual sources, the emphasis being on the aged.

With regard to the weekly visits, these have again increased from an average of 677 to 725 at the present time. The daily visiting of the aged, especially during the winter months, has also increased considerably this year—24 compared with 6 last year. These cases present many problems both in administration and organisation, due in no small measure to the distance and travelling time involved as well as to the limited number of home helps available for this particular type of case.

The turnover of personnel during the past year has been very high and is creating many difficulties. The recruitment of the right type of person as a home help is becoming a very serious problem, especially with an ever increasing case load. Only 183 part-time home helps were employed against 192 in 1968. Despite this decrease at the end of the year, a larger case load has been dealt with as well as an average weekly increase of 150 hours worked. This has been achieved by persuading a number of the home helps to work more hours.

The Supplementary Service was used on only one occasion.

The following relates to the working of the scheme:—

Administrative staff on 31st December, 1969:—

Organiser	1	}	4
Deputy Organiser	1		
Clerks (full-time)	2		

Home Helps employed at 31st December, 1969:—

Part-time	183
Full-time equivalent	67.1

Cases assisted during the past three years:—

	1967	1968	1969
Maternity (including expectant mothers)	24	18	11
Aged 65 or over	848	901	943
Chronic sick and tuberculous	47	49	57
Mentally disordered	Nil	Nil	Nil
Others	41	39	34
Totals ...	960	1,007	1,045

The following figures show the amount of service given in a representative week, when 764 cases were dealt with:—

45 patients received 2 hours but less than 3 hours on any one day.

534 patients received 3 hours but less than 4 hours on any one day.

127 patients received 4 hours but less than 5 hours on any one day.

(Included in the above are 24 patients where a home help called for approximately 1 hour daily).

The remaining 58 patients received two or more half days per week.

One confinement case was dealt with in this particular week.

Payment for the Service.—Of the 1,045 cases assisted, the charges were distributed in the following way:—

	Free of Cost	Part Cost	Full Cost
Maternity	—	4	7
Aged 65 or over	816	99	28
Chronic sick and tuberculous ...	43	8	6
Mentally disordered	—	—	—
Others	24	5	5
Totals	883	116	46

The standard charge has remained at 6s. 0d. an hour

MENTAL HEALTH

This section provides community care and after-care of subnormal and mentally ill patients. The Chief Mental Welfare Officer is responsible to the Medical Officer of Health for the detailed working of the service and, together with three Senior Mental Welfare Officers, one junior and one trainee, for arranging admission and escort of patients to the appropriate hospitals. One member of the staff is at present away on a two year course of training and a temporary officer is giving help during his absence.

A club for women patients is held one afternoon each week in the office and various activities including talks, photographic slides and a little dressmaking, have occupied the sessions, but the friendly discussion of personal problems continues to be the most important item of the programme. An outing in the Summer and a simple party booked at a local hotel at Christmas were highlights in the calendar.

The Girls Club, now mainly run by the younger female mental welfare officers, is held at the Junior Training Centre and provides some social contacts for girls with few other opportunities. The annual outing in the Summer (shared with the Women's Club) was to the Flamingo Park Zoo and included a few friends and relatives as well as the members of the clubs. A Christmas party, to which a majority of the girls brought a guest, wound up the club year.

Under Section 28 of the National Health Service Act, 1946, visits were paid as required to patients in both categories. The main source of referral continues to be the Psychiatric Out-Patient Clinic and general medical practitioners, but a few patients were referred by friends and relatives or other agencies.

Two mental welfare officers attend each of the Psychiatric Clinics held twice weekly at the Scartho Road Hospital and are advised by the Consultant Psychiatrist on all follow-up visits as required, in turn reporting to him at regular intervals. This Consultant is also available for domiciliary visits to patients living in the town, as requested by general medical practitioners. The Consultant Geriatrician calls on the services of mental welfare officers from time to time.

The following table gives the number of patients admitted to St. John's Hospital, Lincoln, during the year:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Section 25	15	20	35
Section 26	3	—	3
Section 29	20	28	48
Section 60	—	—	—
Informal	24	27	51
	—	—	—
Totals ...	62	75	137
	—	—	—

In addition some patients were seen at out-patient clinics at St. John's Hospital and, where necessary, were escorted by mental welfare officers, who also attended with the consultant psychiatrists at the homes of some patients.

The following figures relate to cases dealt with under the Mental Health Act, 1959:—

		<i>Males</i>	<i>Females</i>	<i>Total</i>
(a) Mentally Ill	(Under 16 years of age)	1	1	2
	(Aged 16 years and over)	94	84	178
	(Elderly Mentally Infirm)	1	8	9
(b) Psycopath	(Under 16 years of age)	—	—	—
	(Aged 16 years and over)	3	12	15
(c) Subnormal	(Under 16 years of age)	8	5	13
	(Aged 16 years and over)	40	50	90
(d) Severely	(Under 16 years of age)	32	60	92
Subnormal	(Aged 16 years and over)	34	40	74
		—	—	—
	Totals ...	213	260	473
		—	—	—

In addition to the above 3 elderly mentally infirm patients were in Part III accommodation.

Mentally handicapped children are referred by the School Health and Maternal and Child Welfare Services and a few by general medical practitioners, but the Consultant Paediatrician refers children for admission to the Special Care Unit which, for the first time, has a small waiting list. Some of these children have passed into the nursery group in the Junior Training Centre at a rather earlier age than formerly but there are, of course, some children who are not able to be passed on in this way and further provision for this group will require careful consideration. Background information about school children ascertained under Section 27 of the Education Act, 1944, has been presented to the approved medical officer completing the statutory forms. The School Dental Service treated ninety-six patients.

The Harmston Hall Hospital and its ancillary branches admit a number of short stay patients during the summer and two or three others were received during the year, one for assessment, but the need for emergency provision at other times is becoming most pressing.

The Medical Superintendent of the Harmston Hall Hospital has continued attendance at a small advisory clinic at the Junior Training Centre throughout the year, with benefit to patients, relatives and staff.

No voluntary association for mental health exists in the borough, but the local branch of the North Lincs. Society for Mentally Handicapped Children holds its meetings in the new Adult Training Centre, where a club for boys is conducted one night each week.

Junior Training Centre.—This Centre is staffed by a Supervisor and five assistants, the former and one assistant holding the Diploma of the National Association for Mental Health, and another a Certificate of Recognition. One junior member of staff is away at University attending a Training Course for the Diploma. The Special Care Unit is in the charge of a qualified nursery nurse by another member of staff and an older girl, but once weekly a voluntary helper is in attendance and her assistance is much appreciated.

Corporation transport brings the majority of the pupils to and from the Centre and the Special Care Unit, four others by the Ambulance Service and some by parents. The minibus bringing children from the rural area of the Lindsey County Council ceased in July as these children were then accommodated in the County Council's own centres, but the County Ambulance Service still conveys children to the Special Care Unit from that area. Attendance at the swimming baths continues to give great satisfaction to some of the children and outings of general interest to selected groups of children have been continued.

The Annual Sports Day was held this year at the Junior Training Centre at Scunthorpe. The Grimsby group were the final winners and eagerly look forward to a renewal of this event.

Adult Training Centre.—This Centre was officially opened on the 10th September, 1969, the ceremony being performed by the High Sheriff of Lincolnshire, Captain Jeremy Elwes, K.M.

Briefly the building consists of main workshops, dining hall, laundry, classrooms, with office, and staff and cloak rooms, incorporating a bathroom and showers for the trainees, who have their own locker with key.

The aim of the Centre is to provide training in work habits, development of individual potential and social adaptability. The syllabus is wide because of the varying needs of the trainees, but it may briefly be described as knowledge for normal living.

Men and women are trained in domestic subjects, e.g. kitchen work, serving of meals, laundry (hand washing machines, ironing and pressing), needlework (simple repairs, garment making, knitting) and cookery (preparation of simple meals).

Industrial training includes metalwork, woodwork, contract work, car washing, etc. All work is selected within the range ability of the operator, and training is followed by visits to factories. The keynote to the Centre is "Self Help" and "Independence."

The number of trainees attending the Centre at the end of the year was 53 (30 males and 23 females).

PART IV.—SANITARY CIRCUMSTANCES

This section of the report has been compiled by the Chief Public Health Inspector, Mr. A. Manson.

Staff.—The serious shortage of District Public Health Inspectors which occurred during the latter part of 1968 was rectified by the appointment of three Senior District Inspectors, two on the 3rd February, 1969, and one during August, 1969. Two vacancies still exist, but it is hoped that one of these will be filled in June of next year when one of the pupils completes his final examination.

Mr. S. Mastin, Senior District Public Health Inspector, retired on the 22nd June, 1969, having completed 15 years' service in the Department.

Two of the pupil public health inspectors commenced their third year's training, having successfully passed their Intermediate Examinations.

I would like to take this opportunity of expressing my gratitude to all members of the staff for their loyal service during the year.

Water Supply.—I am indebted to Mr. C. Cooper, Engineer and Manager of the North East Lincolnshire Water Board for the following information regarding the public water supply to the Borough.

“(a) The water supplied to the County Borough of Grimsby by this undertaking was satisfactory both as regards quality and quantity.

(b) The action taken as a result of contamination of the water supply would involve firstly the determination of free and combined chlorine concentrations at source and at selected points in the distribution system to assess the efficiency of treatment, followed by the usual water bacteriological analyses. Provided that the chlorine levels are satisfactory it would not normally be considered necessary to cut off the supply before the results of the bacterial analyses were available. Meanwhile the source of contamination would be investigated.

The foregoing only applies to normal organic contamination, e.g. soil, manural matter, but with the increasing likelihood of contamination from oil spillages, toxic chemicals, etc., a different procedure would have to be undertaken.

For the year 1969 no bacterial contamination was recorded in the distribution system serving the Grimsby area.

(c) The public water mains afforded a direct supply to approximately 97,030 people living in 31,538 dwellings, i.e. in all rated premises in the Borough. The number of dwelling houses supplied by means of standpipes is not known.

(d) All sources of supply into the County Borough have a fluoride content of less than 0.1 mg./l.”

Two hundred and thirty samples of water taken from the distribution mains and service pipes were examined bacteriologically and found to be satisfactory in addition to 14 chemical samples.

Set out below are the results of chemical and bacteriological samples of water taken from house taps during the year under review:—

Chemical Analysis

Physical characters

Suspended matter	none
Appearance of a column 2ft. long	clear, colourless
Taste	normal
Odour	none

Chemical Examination

Parts per million

Total solids dried at 180° C.	362.0
Chlorides in terms of Chlorine	28.0
Equivalent to Sodium Chloride	46.2
Nitrites	none
Nitrates as Nitrogen	3.45
Poisonous metals (lead)	less than 0.04
Total hardness	284.0
Temporary hardness	215.0
Permanent hardness	69.0
Oxygen absorbed in 4 hours at 80° F.	0.36
Ammoniacal Nitrogen	0.048
Albuminoid Nitrogen	0.016
Free chlorine	none
pH value	7.5

Remarks Satisfactory

(Signed) Hugh Childs for A. H. Allen & Partners

1st August, 1969

Bacteriological Examination

Plate Count: 3 days at 22° C. aerobically — 1 colony per ml.
 2 days at 37° C. aerobically — Cols. per ml.—Nil
 Coliform Test: B. Coli absent in 100 ml. of sample.
 Cl. Welchii: Absent in 50 ml. of sample.

(Signed) H. Lawy, Consultant Bacteriologist

22nd July, 1969

Paving and draining of common passages.—Following the service of formal notices under Section 56 of the Public Health Act, 1936, on the owners affected and obtaining written consents, 4 passages involving 53 houses were newly concreted.

Sewerage and Sewage Disposal.—I am indebted to Mr. S. W. Norman, Chief Engineer, of the Technical Services Department for supplying the following information:—

"The sewerage arrangements for the Borough are reasonably adequate as is shown by the fact that the work which has been carried out in improving the general system has resulted in the elimination of flooding within the area, except in times of exceptionally heavy rainfall. Investigations are at present being carried out to ascertain the extent to which further development can take place without overloading the existing system.

So far as sewage disposal is concerned the discharge is made into the Humber Estuary after passing through the two pumping stations situated at Riby Street and Pyewipe. The only process which is carried out is disintegration of the screenings which are abstracted from the flow, put through a disintegrating machine and are then re-introduced into the flow on the upstream side of the main screens."

Public Cleansing.—The Director of Works, Mr. M. C. Palmer-Jones, presents the following report on the Cleansing Services for the year:—

The total amount of house and trade refuse collected amounted to 24,727 tons and apart from 1,587 tons which was salvaged and sold for £15,541 the remainder (23,140 tons) was disposed of by controlled tipping at Little Coates.

New dustbins are still being issued under the Municipal Scheme set up under Section 75(3) of the Public Health Act, 1936, to premises in the Borough and these are renewed as and when the bins become unserviceable.

Sanitary Inspections

Accumulations	331	Animals	38
Caravans	32	Common lodging houses	4
Complaints received and investigated	3,631	Dirt and grit nuisances	26
Drainage	2,742	Dirty and verminous houses and persons	69
Drain tests	20	Factories and workplaces ...	220
Infectious disease enquiries ...	248	Noise nuisances	132
Offensive smells	121	Offensive trades	13
Outworkers	18	Passages and yards	182
Places of entertainment	18	Piggeries and stables	9
Rats and mice	26	Smoke observations	63
Water supply	72	Other matters	746

Offensive Trades.—Routine inspections were made of the few remaining offensive trade premises within the Borough. One firm of fat melters has now transferred its business to new factory premises erected on the Corporation's Industrial Estate.

Fish and Offal Transport.—Surveys were continued at certain main road junctions leading out of town to detect the spillage of offensive liquid on to the highway from fish transport vehicles in contravention of the Byelaw made under Section 82 of the Public Health Act, 1936.

Letters of warning were sent to those firms found to be contravening the Byelaws for the first time.

Four firms and their drivers were taken to Court, all of which were found guilty, and fines totalling £52 were imposed.

Three further firms are due to appear before the Magistrates' Court in the near future for similar contraventions.

Insect Pest Control.—During the year 182 houses and 10 business premises were sprayed for the eradication of vermin.

Treatment by the usual insecticides proved effective and was carried out for the insects shown in the table below:—

Infestation by	Number of premises disinfested		Total
	Domestic Premises	Business Premises	
Ants	39	—	39
Bed Bugs ..	5	—	5
Cockroaches ..	81	10	91
Earwigs ..	3	—	3
Fleas	18	—	18
Flies	2	—	2
Mites	7	—	7
Moths	2	—	2
Silver Fish ..	7	—	7
Spiders ..	4	—	4
Woodworm ..	14	—	14
	182	10	192

In addition to the above mentioned work the Disinfestor also dealt with numerous wasps' nests both in gardens and roof spaces of houses.

Rodent Control — The Prevention of Damage by Pests Act, 1949.—Seven hundred and thirty-six complaints were received regarding rat and mice infestations, none of which were found to be major infestations. Warfarin continued to be used successfully but other poisons had to be used on occasions when mice appeared to be resistant to Warfarin.

As during last year there appeared to be a larger influx of rats into the town from the surrounding districts during the early winter months.

The Rodent Operator is carrying out continuous visits to premises within the Borough as a result of complaints received from the public and for general inspections to trace possible infestations.

Work was continued on the baiting of inspection chambers in common passages, which often results in the clearance of infestations originating from public sewers.

Destruction of Rats and Mice

	Type of Property	
	Non-Agricultural	Agricultural
Properties other than Sewers		
1. Number of properties in district	36,869	4
2. (a) Total number of properties (including nearby premises) inspected following notification	1,141	—
(b) Number infested by (i) Rats	439	—
(ii) Mice	336	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	490	—
(b) Number infested by (i) Rats	20	—
(ii) Mice	29	—

Cleansing of Verminous Persons.—The Cleansing Station was only used occasionally for this purpose.

Laundry for Incontinent Patients. — Part of the Cleansing Station was equipped as a small laundry at the end of 1965 and has now been in operation for a period of four years and is used for the washing of sheets, clothing, etc., from incontinent patients being nursed in their own homes.

A twice weekly service is given in needy cases, which is carried out free of cost. The washing is collected by the male laundry attendant in a motor van provided for this purpose.

This service appears to be much appreciated by all concerned.

Atmospheric Pollution.—The contents of the standard deposit gauges for measuring atmospheric pollution situated in Eleanor Street and Bradley Woods were examined monthly with little variation from last year's results.

The Chief Alkali Inspector and his Deputy visited the Department at regular intervals throughout the year to discuss the question of noxious fumes being emitted from the chemical factories situated on the Humber Bank.

Occasionally, whilst maintenance work was being carried out on the filtration plant at one factory, noxious fumes were evident over certain areas of the town depending on the prevailing winds. Very few complaints were, however, received from the public during the year.

Following extensions carried out recently at one large food processing factory complaints were received regarding noxious fumes being emitted from the cooking processes although chemical treatment of the effluent was being carried out. After consultation with the management it was decided that a specialist firm be approached with a view to providing and erecting a "catalytic after-burning unit" to deal with this problem.

It is hoped that this apparatus will be installed in the near future.

Smoke observations were carried out on factory chimneys from time to time to note whether the smoke emitted complied with the Clean Air Act.

Installation of Furnaces.—Notification and applications for Prior Approval, Clean Air Act, 1956, Section 3.

Sixteen applications for approval of proposed furnace installations were received and dealt with under this section of the Act. In each case approval was given subject to some modifications where applicable.

Swimming Baths.—There is one Public Swimming Bath and two School Swimming Baths within the Borough details of which are set out below:—

The Public Swimming Bath.—This is situated in Scartho Road and was opened in December, 1962. The building incorporates a Russian Steam Bath, two Finnish Log Sauna Baths and a restaurant, in addition to the 110ft. by 42ft. pool.

Water is supplied from the North East Lincolnshire Water Board's high pressure main. The system is capable of circulating, filtering and chlorinating the pool's 237,000 gallons once every four hours. Two 15ft. by 8ft. diameter horizontal pressure filters have a maximum rate of flow through the filters of 250 gallons per hour per square foot of filter area. There is a total of nine valved inlets along the sides and ends of the pool. Three outlets are set in the bottom of the diving bay and a finger grip scum trough is provided round the full perimeter of the water area. Tests for residual chlorine and pH value are made daily by the Baths Manager and his staff; the free available chlorine content is maintained at a predetermined level by the fully automatic dosing and recording equipment.

School Swimming Bath, Eleanor Street.—This bath, measuring approximately 56ft. x 18ft., 3ft. to 4ft. 6in. depth, has a capacity of 22,000 gallons, using the Town's water supply. There is one vertical sand pressure filter, together with chemical dosing and heating plant. Routine daily water tests are made by the Attendant.

Swimming Bath, Hereford School.—This bath, commissioned in November, 1966, is 82ft. 6ins. long by 24ft. wide, with a depth ranging from 3ft. to 6ft., and has a capacity of 55,700 gallons of water supplied from the Town's main. The whole of the contents are filtered and chlorinated once every 4½ hours. Circulation within the Pool is of the standard type, with two shallow end inlets and one deep end outlet; overflow channels are incorporated to return the surface water to the filter plant.

The purification plant comprises 2 x 50 square feet pre-coat filters, a manually adjustable gas chlorinator and a water heater. The necessary water tests are made daily by the Attendant.

Twenty-one samples of swimming bath water were submitted for bacteriological examination during the year and found to be satisfactory.

It was found necessary on occasions to give advice on the chlorine dosage to the water at the Eleanor Street Bath.

Places of Entertainment.—Premises which are subject to annual licences such as cinemas, church halls and schools where stage plays take place, were inspected and only minor defects were noted.

Noise Abatement Act, 1960.—55 visits were made to investigate complaints of excessive noise and vibration and the majority of such complaints were concerned with nuisances that occur during the evening and early morning.

One of the biggest problems in the urban environment today is that of noise. Noise has now become to be regarded as a form of environmental pollution which as is the case of other forms of pollution, must be prevented or at least reduced to an acceptable level. Considerable efforts are now being directed towards the

control of this social nuisance and the public health inspector is becoming more and more concerned with the solution of the many problems involved. At the same time the public are becoming more aware of noise and its effects which results in a steady increase of complaints made to local authorities each year.

The most common causes of complaint were noisy animals, noise from road drills and compressors, noise from refrigeration plant in food processing factories, etc.

A number of complaints were received during September of the year under review from residents in an area adjacent to a large food processing factory at which extensions are being carried out. The principal cause of the nuisance was sixteen propeller type fans associated with two cooling towers. Nuisance was also being caused by the screw type compressors in the engine room and the metal chimney to the boiler plant, which produced a loud trumpeting noise as the rate of flow increased through it during the lighting of the boiler. This latter nuisance was abated by some slight modifications to the branch inlet at the base of the stack.

A specialist firm of sound consultants were engaged and some work has now been carried out by the erection of screen walls and other sound proofing measures whereby noise levels have been reduced but not to a level where a nuisance no longer exists. Consultation is continuing and it is hoped that in the near future the company concerned will reach the situation where the nuisance no longer exists at a level at which any action could be taken under the provisions of the Public Health Act, 1936, and the Noise Abatement Act, 1960.

Offices, Shops and Railway Premises Act, 1963.

I. Registration and Inspection

At the end of the year 1,284 premises were on the register including 66 firms whose premises were newly registered during the year.

Newly registered premises were given their first inspections and routine visits were made to existing premises. Following these inspections it was found necessary to send 250 first notices and 3 second notices to 56 offices, 185 shops, 2 wholesale warehouses, 6 catering premises and 4 fuel stores, regarding contraventions of the Act, as follows:—

Not displaying the Regulations	98
Without adequate first aid boxes	121
Without thermometers	62
Without proper hot water supplies	17
Without wash-hand basins	10
Defects	48
Inadequate heating	6
Inadequate ventilation	16
Premises requiring cleansing	51
Premises requiring decoration	32
Without handrails to staircases	12
Inadequate lighting of water closets	34
Defective floor coverings	20
Inadequate lighting of premises	12
Dangerous machinery	14
Water closets not marked for sexes	5
No intervening ventilated space for water closets	8
Overcrowding	3

Without facilities for hanging outdoor clothing	1
No means of disposal for sanitary dressings	1
Inadequate provision of seating	1
Without water closets	7
Without a supply of drinking water	1
Dangerous premiess	4

II. *Operation of the General Provisions of the Act.*

The District Public Health Inspectors and the Port Health Inspectors met employers and their contractors on the premises where necessary to give advice on the work necessary to remedy contraventions of the Act.

Plans of new buildings, the use of which came within the scope of the Act, were scrutinised and the depositors informed of the requirements of the Act before the plans were approved.

Some demarcation problems which arose were discussed with the Factory Inspectorate and settled satisfactorily.

The total number of inspections made at registered premises (819) is higher than the figure for last year. This has been due to the appointment of extra staff to fill vacancies during the year.

Generally speaking, reasonable co-operation in complying with the Act, after notices have been served, has been experienced.

III. *Accidents*

Under the Act any accident occurring which causes death to a person employed or disables any such person for more than 3 days from doing his usual work should be notified to the enforcing authority. Again, it is considered likely that some notifiable accidents were not reported as during the year only 26 were notified.

A high percentage of these were due to falls and to the lifting of goods. Fortunately, no accident resulted in death and of the 26 which were notified many were of a minor nature. Two accidents are perhaps worthy of mention.

A man sustained a badly fractured ankle due to the fall of a bundle of steel bars from a lorry which was being unloaded manually in a warehouse. Certain advice was offered as to the precautions which could be taken to prevent a recurrence, but the firm stated it was their intention to purchase a forklift truck to lift bars from the lorries.

The other accident involving a youth aged 15 who cut off the end of one of his fingers whilst cleaning the blade of a bacon slicing machine by holding a cloth against it. The Act specifies that no person under the age of 18 is permitted to clean any machine if it exposes him to risk of injury.

The accident was considered very carefully and the Committee resolved to send a warning letter to the firm concerned, a nationally known firm of retailers. In deciding not to take legal proceedings the Committee took into consideration the fact that not only was a prominent notice displayed adjoining the machine, specifically stating no person under the age of 18 should clean it, but also because the youth had been verbally instructed by both the butchery manager and another adult assistant. The youth admitted he had read the notice and remembered being verbally warned.

FACTORIES ACT, 1961

The Annual Report of the Medical Officer of Health in respect of the year 1969 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Part I of the Act

1. **Inspections** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Occu- piers prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	68	226	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	581	302	36	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	41	11	—	—
Total	690	539	40	—

2. **Cases in which defects were found.**

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				No. of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	140	90	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	32	7	—	1	—
Inadequate ventilation (S.4)	15	8	—	—	—

Ineffective drainage of floors (S.6)	16	11	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	3	1	1	2	—
(b) Unsuitable or defective	70	52	—	5	—
(c) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork)	59	46	2	—	—
Totals	337	217	3	8	—

Part VIII of the Act

Outwork

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel making, etc. ..	1	—	—	—	—	—
Curtains and furniture hangings..	4	—	—	—	—	—
Nets other than wire nets ..	38	—	—	—	—	—
Total	43	—	—	—	—	—

PART V.—HOUSING

The Chief Public Health Inspector reports as follows:—

Clearance Areas and Compulsory Purchase Orders.

Owing to the acute shortage of staff from early September, 1968, it was not possible to complete the approved Clearance Programme for that year which included 15 proposed Compulsory Purchase Orders involving a total of 528 houses. The outstanding areas at the end of the year were, therefore, transferred to the 1969 Programme.

The Clearance Programme for 1969 included ten proposed Compulsory Purchase Orders involving a total of 439 properties.

Two further public health inspectors were appointed in February, 1969, and one in August, 1969. As a result I am pleased to report that the houses included in both programmes have now been inspected, the majority have been represented and Public Inquiries held in most cases.

Details of these Compulsory Purchase Orders are set out below:—

1. **Grimsby (West Marsh No. 2) Compulsory Purchase Order, 1968, involving 49 houses.**

Following a Public Inquiry held on the 28th January, 1969, this Order was confirmed, with minor modifications, by the Ministry of Housing and Local Government on the 11th April, 1969.

2. **Grimsby (Duncombe Street No. 1) Compulsory Purchase Order, 1969, involving 16 houses.**

The Public Inquiry was held on the 3rd June, 1969, and the Order was confirmed by the Minister, without modification, on the 29th September, 1969.

3. **Grimsby (West Marsh No. 4) Compulsory Purchase Order, 1968, involving 63 houses.**

The Public Inquiry was held on the 25th March, 1969, and the Order was confirmed by the Minister, without modification, on the 23rd April, 1969.

4. **Grimsby (West Marsh No. 5) Compulsory Purchase Order, 1968, involving 50 houses.**

The Public Inquiry was held on the 25th March, 1969, and the Order was confirmed, with a minor modification, on the 16th June, 1969.

5. **Grimsby (Duchess Street No. 1) Compulsory Purchase Order, 1969, involving 42 houses.**

The Minister confirmed this Order, without modification, on the 18th November, 1969.

6. **Grimsby (West Marsh No. 6) Compulsory Purchase Order, 1969, involving 72 houses.**

The Public Inquiry was held on the 25th March, 1969, and the Order was confirmed by the Minister, with minor modifications, on the 29th April, 1969.

7. **Grimsby (West Marsh No. 7) Compulsory Purchase Order, 1969, involving 31 houses.**

The Public Inquiry was held on the 3rd June, 1969, and the Order was confirmed, without modification, on the 11th July, 1969.

8. **Grimsby (Holles Street No. 1) Compulsory Purchase Order, 1969, involving 4 houses.**

The Minister confirmed this Order, without modification, on the 24th June, 1969.

9. **Grimsby (East Street No. 1) Compulsory Purchase Order, 1969, involving 7 houses.**

The Minister confirmed this Order, without modification, on the 1st July, 1969.

10. **Grimsby (West Marsh No. 8) Compulsory Purchase Order, 1969, involving 53 houses.**

The Order was confirmed by the Minister, without modification, on the 24th June, 1969.

11. **Grimsby (West Marsh No. 9) Compulsory Purchase Order, 1969, involving 61 houses.**

The Public Inquiry on this Order was held on the 12th August, 1969, and was confirmed by the Minister, with minor modifications, on the 7th October, 1969.

12. Other areas represented, but not confirmed by the end of the year, were as follows:—

The Grimsby (West Marsh No. 10) C.P.O. 1969 involving 58 houses.

„	„	(West Marsh No. 11)	„	„	„	42	„
„	„	(West Marsh No. 12)	„	„	„	37	„
„	„	(West Marsh No. 13)	„	„	„	53	„
„	„	(Victor Street No. 1)	„	„	„	10	„

Total number of houses represented for clearance during the year 599

Total number of houses in clearance areas confirmed by the Minister during the year 448

On the 21st May, 1969, the Town Council approved a revised programme of clearance and re-building of houses covering a period of four years (1970, 1971, 1972 and 1973).

Individual Unfit Houses

Closing Orders under the provisions of Section 17 of the Housing Act, 1957, were made in respect of the following houses:—

9 Adamsmith Street	14 Hildyard Street
13 Cassandra Terrace	Back 66 Holles Street
100 Chapman Street	44 Newmarket Street
Back 476 Cleethorpe Road	72, 104 Ravenspurn Street
11 Cobden Street	26 Sixhills Street
118 Convamore Road	107 Stirling Street
90, 92 Corporation Road	7 Weelsby Street
Flat over 196 Freeman Street	Back 84 Weelsby Street
38 Garibaldi Street	12 Wellington Street
100 Heneage Road	

Closing Orders made under the provisions of Section 18 of the Housing Act, 1957, i.e. closure of part of a building:—

Back 319 Cleethorpe Road

Other houses represented under Section 16 of the Housing Act, 1957, but not yet subject to Closing Orders:—

42 Yarborough Street

Housing Statistics

Houses represented under Section 16 of the Housing Act, 1957 ...	24
Demolition Orders made	Nil
Closing Orders made	23
Number of houses, bungalows and flats erected in the Borough:	
(a) By the local authority	260
(b) By private enterprise	193
Total	453

Number of houses demolished during the year 424

Housing—Inspections

Houses (Housing Act)	562
Houses, defects and nuisances (Public Health Acts)	2,584
Overcrowding (Housing Act)	10

Notices:—

Informal notices served 598

Statutory notices served

(685 Public Health Acts; 5 Grimsby Corporation Act) 690

Work in default of compliance with Statutory Notices was carried out by contractors on behalf of the Corporation in respect of 200 notices.

Defects remedied and nuisances abated included:—

Chimney repairs	24	Drains cleared	
Doors and frames renewed or repaired	70	(involving 6,834 houses) ...	1,828
Drain repairs	34	Eavesgutters renewed or repaired	274
Fireplace and range repairs ...	13	Offensive smells abated	3
Floor repairs and renewals ...	111	Rainwater pipe repairs and renewals	63
Plaster repairs	157	Stairway repairs	11
Roof repairs	233	Water closet repairs	71
Sink and pipe repairs	13	Window repairs	180
Wall repairs	95	Yard and path paving repaired	13
Water pipes and taps repaired	26		
Dampness abated	59		

Housing Defects and Legal Proceedings

Legal proceedings were taken against owners of 10 houses on account of their failure to comply with statutory abatement notices served under Section 93 of the Public Health Act, 1936, regarding defects. Nuisance Orders in each case were issued by the Magistrates and by the end of the year the majority of these nuisances had been abated.

Improvement and Standard Grants

The trend towards a larger number of improvements being carried out continued during the year. It was expected that the period immediately before the Housing Act 1969 became operative would be a period of few applications but this did not materialise.

Housing Act 1969

This Act became operative on August 25th, 1969, but the delay by Central Government in providing the explanatory circulars and new forms was the main teething trouble experienced by the department.

Broadly the Act reduces the conditions which formerly applied to grants, there now being no restrictions imposed on the sale of an improved house. The maximum Improvement Grant has been increased to £1,000 from £400, this figure of £1,000 is increased to £1,200 in respect of the conversion of three storey buildings into self contained viable units of accommodation. Repairs necessary to secure improvement to 12 point standard rank for grant but it must be emphasised that dwellings requiring only repair cannot be grant aided. Maximum Standard Grants have been increased in normal circumstances from £155 to £200, and a standard grant contribution is no longer made in respect of a food store but is made in respect of a sink.

Standard Grants (Higher Limit) are available for the conversion of buildings to provide bathrooms and for special provisions concerning piped water supplies and some aspects of drainage.

The Act also introduces a new concept in Improvement Areas by providing the framework within which both the dwellings and environment in a designated area can be improved. Part of the reason for the limited success of house improvement by the provision of amenities has been due to the disregard of environmental matters. People are deterred from investing money in their own homes if their environment is untidy, noisy, dirty, congested or lacking in open spaces.

The objectives of Area Improvement are:—

1. To give structurally sound houses the necessary amenities for comfortable living and to attend to necessary repairs.
2. To defer the need to redevelop.
3. To give new hope to old areas and to stimulate private investment and effort.
4. To enable people to continue living comfortably in areas to which they are attached.
5. To deal with excessive traffic and parking (and other handicaps) and to bring unused or under used land into economic use.

It is generally considered that an area of 300–500 houses would be a suitable size for a General Improvement Area and would require team effort by all interested departments of the Corporation.

The preliminary steps have already been taken to arrange for an exhibition to be held in the Town Hall in the Spring of 1970 in connection with the need to publicise the Housing Act 1969 with a view to securing the improvement of

the older houses in Grimsby and a sample survey is being carried out to identify housing needs within the County Borough.

	1969	1968
Number of dwellings for which applications were received during the year	354	270
Number of dwellings for which grants were approved:		
(a) Standard Grants	118	118
(b) Improvement Grants	125	87
Number of dwellings improved during the year:		
(a) Standard Grants	112	104
(b) Improvement Grants	110	100
Number of Local Authority houses improved with the aid of Ministry contributions	Nil	Nil
Number of visits made for the purpose of enquiry, inspection and supervision	2,945	2,729
Number of representations received under Section 19, Housing Act, 1964	3	5
Number of houses the subject of representation improved:		
(a) By notice	Nil	Nil
(b) Voluntarily	Nil	2
Amount of Grants paid:		
(a) Standard Grants	£15,110	£10,500
(b) Improvement Grants	£24,793	£18,300

By the end of 1969 1,041 houses had been improved with the aid of grant and of these 426 were improved during 1968 and 1969.

The number of houses improved during 1970 is expected to be greater than during any previous year.

Properties—Controlled Tenancies

The Housing Act, 1969, has made a far reaching change in the law concerning dwellings which are the subject of controlled tenancies.

Any property which was provided with all standard amenities, in good repair and otherwise fit at the time of the commencement of the Act, or in which work to provide the amenities was commenced before this date can become the subject of a Regulated Tenancy subject to the Local Authority issuing a Qualification Certificate and a fair rent being agreed with the Rent Officer.

Properties without all the Standard Amenities and in which the owner wishes to provide the amenities will be the subject of Provisional Qualification Certificates. The fair rent is then determined by the Rent Officer in co-operation with the owner and tenant and on completion of the works this fair rent is registered and the house becomes the subject of a Regulated Tenancy.

Qualification Certificates

Improvement Cases

Number of applications under consideration at end of year	6
Number of certificates of provisional approval issued	4

Standard amenities already provided

No applications had been made up to the end of the year.

Certificates of Disrepair—Rent Act, 1957

Number of applications for certificates	1
Number of decisions to issue certificates	1

Number of undertakings given by landlords under Paragraph 5 of the First Schedule	Nil
Number of undertakings refused by Local Authority under Paragraph 5 of the First Schedule	Nil
Number of certificates issued	1
Applications for Certificates as to Defects Remedied:	
Number of applications by tenants	Nil
Number of applications by landlords	Nil
Number of certificates issued	Nil
Applications for Cancellation of Certificates:	
Applications by landlords to Local Authority for cancellation of certificates	Nil
Objections by tenants to cancellation of certificates	Nil
Decision to cancel despite tenant's objections	Nil
Certificates cancelled by Local Authority	Nil

Caravan Sites Act, 1968 — Ministry of Housing and Local Government Circular 49/68

There have been no problems concerning gypsies and other itinerants within the Borough during the year.

One caravan site licence was issued.

Common Lodging Houses.—The Brighowgate Hostel, occupied by the Salvation Army, with accommodation for 100 men, was visited regularly. Conditions on the whole were found to be satisfactory, although it was found necessary to serve an informal notice for contraventions of the Food Hygiene Regulations.

The Seamen's Hostel in Riby Square was purchased by the Town Council in June, 1967, and provides accommodation for 38 men. The premises are administered by the Director of Welfare Services and are known as "Riby House."

Seamen's Hostel.—The new Royal National Mission to Deep Sea Fishermen Hostel in Hope Street, Grimsby, was opened on the 5th August, 1967, and was built at a total cost of £186,000. The hostel replaces the Mission's previous premises in Riby Square.

The new premises are four storeys in height and there are a total number of 51 single person bedrooms, each fitted with a wash-hand basin with hot and cold water supplies, furnishings and fittings. Two bathrooms, each with a bath and shower accessory and wash-hand basin, are situated on each floor. There are also three water closets.

Facilities provided include a launderette, residents' lounge, library, writing room, games room, first aid room and residents' dining room. There is also a chapel. In addition to the residents' facilities a public cafeteria is provided.

Three main meals are offered daily, plus snacks at any time for late arrivals. The hostel is open to accommodate fishermen only, but in emergency other seafarers are accepted. During the year parts of the premises were badly damaged by fire.

PART VI.—INSPECTION AND SUPERVISION OF THE FOOD SUPPLY

Mr. Adrian Manson, Chief Public Health Inspector, is responsible for this section of the work:—

Inspections

Bakehouses	59	Confectioners' shops	45
Dairies and milk vendors	24	Fish curers	35
Fish shops	41	Food preparers	215
Food stall and mobile vehicles	22	Fried fish shops	41
Greengrocers	44	Grocers	242
Ice cream makers and vendors	71	Licensed premises	26
Markets	147	Meat shops and stores	116
Restaurants and cafes	173	Schools and hospital kitchens ..	120
Sweet shops	22	Unsound food inspection	69
Visits for sampling	281	Other matters	198

Slaughterhouses.—There are no private slaughterhouses in the Borough.

In the Corporation Abattoir 5,689 cattle, 9,148 sheep, 271 calves and 24,306 pigs were slaughtered during the year.

All the carcasses and offals of the animals slaughtered were inspected and stamped with the Inspectors' official stamp in accordance with the Meat Inspection (Amendment) Regulations, 1966.

Meat Inspections.—The following table shows the number of animals inspected and the number of carcasses, organs or parts condemned as the result of disease or parasitic infection:—

	Cattle exclud- ing cows	Cows	Calves	Sheep and lambs	Pigs
Number killed	5,553	136	271	9,148	24,306
Number inspected ..	5,553	136	271	9,148	24,306
All diseases except Tubercu- losis and Cysticeri ..					
Whole carcasses condemned	1	3	3	5	67
Carcasses of which some part or organ was condemned	1,880	51	25	930	9,283
Percentage of the number inspected affected with disease other than tuber- culosis and cysticeri ..	33.87	39.70	10.33	10.22	38.47
Tuberculosis only: Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	—	—	—	—	336
Percentage of the number inspected affected with tuberculosis	—	—	—	—	1.39

	Cattle exclud- ing cows	Cows	Calves	Sheep and lambs	Pigs
Cysticercosis: Carcases of which some part or organ was condemned	4	—	—	38	—
Carcases submitted to treat- ment by refrigeration ..	4	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Horse flesh for human consumption was not sold or dressed in Grimsby.

Diseases and unsound conditions found at the Abattoir included:—

Abscesses, actinomycosis, actinobacillosis, anaemia, arthritis, ascites, atrophy, bruising, calculi, cirrhosis, *C. bovis*, *C. ovis*, congestion, contamination, cysts, dropsy, emaciation, emphysema, endocarditis, enteritis, erysipelas, fascioliasis, gangrene, hydatids, hydronephrosis, icterus, immaturity, infarcts, Johnes disease, jaundice, lymphosarcoma, mastitis, metaplasia, metritis, melanosis, moribund, muscular degeneration, necrosis, nematode infestation, nephritis, oedema, parasites, pericarditis, petechii, peritonitis, pleurisy, pneumonia, pyelonephritis, pyaemia, pyrexia, renal calculi, septicaemia, septic omphalophlebitis, strongyli, tuberculosis, telangiectasis, terminal ileitis.

The total weight of meat condemned was 38 tons, 18 cwts. 27 lbs.

Inspection of other foods resulted in the condemnation of 6,835 tins, packets and bottles of various foods amounting to 2 tons, 11 cwts. 3 qrs. 10 lbs. in weight.

Disposal of Condemned Meat.—Facilities continued to be given for the collection of certain offals and glands for pharmaceutical purposes.

All other condemned meat at the Abattoir is collected according to the Regulations and processed at an approved plant at Killingholme.

Disposal of Other Condemned Foods.—Unsound tinned and other foods are disposed of by burial on the Corporation tips.

The Meat (Sterilization) Regulations 1969.—These regulations supersede the Meat (Staining and Sterilization) Regulations, 1960, as amended, and came into operation on the 1st November, 1969.

They require all knacker meat and meat (other than the meat of a rabbit or hare) which is imported otherwise than for human consumption, as well as all butchers' meat or imported meat which in either case is unfit for human consumption, to be sterilized before distribution. They also require that imported meat which is unfit for human consumption or imported otherwise than for human consumption and without an official certificate or meat inspection stamp and which is stored in or removed from the port of entry shall be sterilised or shall bear a notice to the effect that the meat is not fit for human consumption. The different categories of meat to which the regulations relate are defined in Regulations 21(1).

Provision is made in the regulation whereby zoos, menageries, mink farms, trout farms and processors may obtain such meat unsterilised if it is transported in locked containers or vehicles. Supplies of meat to hospitals, medical or

veterinary schools or similar institutions for instructional or diagnostic purposes and to manufacturing chemists for the manufacture of pharmaceutical products are unaffected by the regulations.

Improvements have been carried out at the Abattoir during the year in connection with the storage and removal of condemned meat, offal and other waste material from the slaughtering processes. The existing use of small offal barrels has been discontinued and replaced by newly designed covered bulk containers. The full containers are removed daily by a special lorry designed to lift the containers which are replaced by clean ones. The containers are provided with hinged lids which are kept locked when filled and during transportation to the processing factory in accordance with the new regulations.

Food Inspection — Issue of Export Certificates.—With the continued expansion of the food processing industry within the Borough there has, naturally, been a further increase in the number of export certificates issued for frozen foods and dried fish manufactured and/or distributed from factories and cold stores in the area. This has necessitated more frequent inspections and sampling of food-stuffs for bacteriological and chemical examinations.

One thousand, one hundred and thirty-eight certificates were issued for dried salted fish and quick frozen foods sent to:— Aden, Arabian Gulf, Australia, Bahamas, Bermuda, Canada, Canary Isles, Channel Isles, Cyprus, Gambia, Gibraltar, Greece, Holland, Hong Kong, Iceland, India, Iran, Jamaica, Japan, Kenya, Kuwait, Lebanon, Libya, Malta, Mauritius, Monrovia, Netherlands, Nigeria, Panama, Persian Gulf, Portugal, Saudi Arabia, Sierra Leone, Singapore, South Africa, Spain, Sweden, Tripolitania, U.S.A., West Indies, West Germany.

Milk Supply.—All milk sold within the Borough was heat treated before sale to the public. There are two dairies producing heat treated milk in the Borough.

**Milk (Special Designations) Regulations, 1963, and the
Milk (Special Designations) (Amendment) Regulations, 1965.**

Wholesalers of Milk	2
Dealer's (Pasteuriser's) Licences	2
Dealer's (Steriliser's) Licences	2
Licences to sell Sterilised Milk (mainly retail shops)	291
Licences to sell Ultra Heat Treated Milk	5

Bacteriological Examinations

Milk.—Samples of milk were taken at regular intervals from the processing plants, milk shops, schools and during the course of delivery to consumers.

Details of the examinations carried out are given in the undermentioned table:—

Designation	Number examined	Satisfactory	Failed Methylene Blue Test	Failed Phosphatase Test	Failed Turbidity Test
Pasteurised ..	29	26	—	—	—
Sterilised ..	13	13	—	—	—
Totals ..	42	39	—	—	—

Two samples of Pasteurised Milk were found to contain non-faecal coli and one sample contained faecal coli in two out of three tubes. The attention of the management of the dairies concerned was drawn to these unsatisfactory samples and all samples taken since have proved to be satisfactory.

Ice Cream.—Samples of Ice Cream are collected in sterile containers and conveyed to the laboratory in insulated sampling cases. They are then subjected to (1) the Methylene Blue Test in order to assess their relative hygienic qualities and (2) bacteriological examination for the presence of micro-organisms which indicate unsatisfactory standards of hygiene in their manufacture or handling.

	No. of samples	Satisfactory	Unsatisfactory	Methylene Blue Grading			
				1	2	3	4
Ice Cream	11	11	—	11	—	—	—

Five of these samples contained non-faecal coli thus indicating unsatisfactory standards of hygiene in the manufacture or handling of this product. In each case the manufacturers were advised on measures to be taken to ensure that satisfactory standards of hygiene are maintained at all times.

Ten informal samples of ice cream were submitted for chemical analysis, all of which conformed to the Food Standards (Ice Cream) Regulations 1959. The average fat content of these samples was 8.04 per cent. compared with the minimum of not less than 5 per cent. as laid down in the regulations.

Other Foods.—Three hundred and sixty-one samples of other foods were submitted for bacteriological examination which is undertaken in the Department of Pathology at the Grimsby General Hospital.

Food Hygiene

Food Hygiene (General) Regulations, 1960.

Type of premises	(i)*	(ii)**	(iii)†	(iv)††
1. Bakehouses	33	33	33	33
2. Bakers' and Confectioners' shops ..	40	40	40	40
3. Butchers' shops	90	89	90	90
4. Cafes, restaurants, canteens, kitchens, snack bars	104	104	104	104
5. Sweet shops and sweet manufacturers ..	64	63	62	62
6. Fish curers	10	10	10	10
7. Preparation of shell fish	1	1	1	1
8. Wet and Fried Fish shops	73	71	73	72
9. Food manufacturers	12	12	12	12
10. Fruiterers and Greengrocers	52	50	49	49
11. Grocers	275	272	266	251
12. Ice Cream Makers	4	4	4	4
13. Hotels and licensed premises	92	89	86	85
14. Mineral water manufacturers	3	3	3	3
15. Pickle makers	1	1	1	1
Totals	854	842	834	817

- (i)* the number of premises
- (ii)** the number of premises fitted to comply with Regulation 16 (i.e. a wash basin with hot and cold water supplies—for hand washing).
- (iii)† the number of premises to which Regulation 19 applies.
- (iv)†† the number of premises fitted to comply with Regulation 19 (i.e. a sink with hot and cold water supplies—for washing of food and equipment).

Further work was carried out by the department during the year under review on the swabbing of utensils and equipment used in food preparing premises to note the standard of cleanliness being maintained. Unsatisfactory cultures prepared from these swabs were shown to the management and staff of the premises concerned and advice given re adequate cleansing and sterilization at all times.

311 informal notices were served in respect of contraventions of the Food Hygiene (General) Regulations, 1960, and the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

Legal Proceedings — Food Hygiene

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

Three cases of smoking under Regulation 8(e) were taken against food handlers employed on market stalls, all of which were convicted and fines totalling £15 imposed.

A bakery firm was found guilty on three contraventions of Regulations 16 and 17 in connection with a delivery van, when fines totalling £25 were imposed.

The operator of a retail ice cream van was convicted on four out of eight contraventions of Regulations 5, 13, 16(2), 16(3), 16(4) and 17, when the total amount of fines imposed was £6.

Summonses were served on the owner of a fishmonger's van regarding contraventions of Regulations 5(1), 8(e), 9 and 16(3). These are returnable in January, 1970.

Food and Drugs Act, 1955

Foreign Matter in Food, etc.—Sixty complaints were received and investigated alleging the sale of unsound food or the finding of extraneous matter in food.

There has been a slight reduction in the number of complaints received compared with the previous year.

Each complaint was thoroughly investigated and the majority were justified. In some instances after investigation stocks of food were withdrawn from sale. Legal proceedings were instituted in three cases and warning letters sent where appropriate.

Complaints regarding foreign matter in food included metal in a tin of corned beef, a wasp in a cornish pasty, a piece of glass in a cooked meal, maggots in fish cakes, lubricating grease in bread, a used waterproof plaster in a sausage, a hamburger contaminated by blue paint, a wasp in a tin of grapefruit and a stone in a tin of peas.

It is found on investigating complaints of this nature that many of the complainants do not wish to be involved in giving evidence when prosecutions are instituted.

Type of Food	Nature of complaint			Total	Legal proceedings instituted
	Foreign matter	Affected by mould	(a) Unsound (b) Unsatisfactory appearance, taste or smell		
Bacon	—	—	2 (a)	2	—
Bread	5	6	—	11	1
Canned fruit	1	—	—	1	—
„ meat	4	—	3 (a)	7	—
„ vegetables	1	—	—	1	—
Cereals	2	—	—	2	—
Cheese	—	1	1 (a)	2	—
Cooked meals	1	—	—	1	—
„ meats	1	1	1 (a), 1 (b)	4	—
Confectionery, meat and fruit pies, pasties, etc. .	3	6	1 (a), 1 (b)	11	1
Fish cakes	1	—	—	1	—
Fresh fruit	—	1	1 (a)	2	—
„ meat	—	—	2 (a)	2	—
„ cream coffee	—	—	1 (b)	1	—
„ chocolate dessert	—	—	1 (a)	1	1
Milk	1	—	1 (b)	2	—
Milk (Dried)	—	—	1 (a)	1	—
Potatoes	—	—	1 (a)	1	—
Poultry (frozen)	—	—	1 (a)	1	—
Rabbits	—	—	1 (a)	1	—
Sausages	1	—	1 (a), 2 (b)	4	—
Sweets	1	—	—	1	—
Totals	22	15	23	60	3

The manufacturers were fined £20 for selling a mouldy fresh cream chocolate dessert.

A firm of bakers were fined £20 and 10/- costs for selling a mouldy loaf.

A firm of bakers were fined £15 for selling mouldy beef and onion pies.

Food and Drugs Samples.—The number of samples of food and drugs submitted for analysis by the sampling officer during the year was 202.

This work is undertaken by the Public Analysts, Messrs. A. H. Allen and Partners, 67 Surrey Street, Sheffield 1.

Food and Drug Samples

	Number Examined		Number Examined		Total
	Informal	Number Adulterated	Formal	Number Adulterated	
Beefburgers	3	—	—	—	3
Beetroot in jars	2	—	—	—	2
Cheese Spread with Tomato	2	—	—	—	2
Cheese Spread with Crab	1	—	—	—	1
Chicken Pie	1	—	—	—	1
Chicken Meat Paste	1	—	—	—	1
Cockles	1	—	—	—	1
Cold Slaw	1	—	—	—	1
Cod Portions	5	—	—	—	5
Cod Portions in batter	2	—	—	—	2
Cottage Cheese	1	1	—	—	1

Creamed Mushrooms	1	-	-	-	1
Crinkle Cut Chips (Fried) ..	2	-	-	-	2
Curry Paste	1	-	-	-	1
Crystallised Violet Petals ..	1	-	-	-	1
Dates	1	-	-	-	1
Dairy Cream Trifle	1	-	-	-	1
Dairy Cream Sponge Cake ..	1	-	-	-	1
Diabetic Strawberry Preserve ..	1	-	-	-	1
Diabetic Wafers	1	-	-	-	1
Double Dairy Cream	4	-	-	-	4
Dried Yeast	1	-	-	-	1
Fish Cakes	15	1	1	1	16
Fish Fingers	8	-	-	-	8
Fish Steaks	1	-	-	-	1
Flan Sponge Mixture	1	-	-	-	1
Fresh Cream Buns	1	-	-	-	1
Fresh Cream Dessert	1	-	-	-	1
Hake Portions (Breaded)	1	-	-	-	1
Harvest Crumpets	1	-	-	-	1
Ice Cream	10	-	-	-	10
Instant Coffee	2	-	-	-	2
Indian Curry Sauce	1	-	-	-	1
Jam	9	-	-	-	9
Lamb Chop	1	-	-	-	1
Lemon Curd	1	-	-	-	1
Lemon Juice	1	-	-	-	1
Milk	21	-	9	-	30
Margarine	1	-	-	-	1
Marmalade	3	-	-	-	3
Marzipan Almond	1	-	-	-	1
Mincemeat	1	-	-	-	1
Mince Pies	2	-	-	-	2
Milk Chocolate Cake Covering ..	1	-	-	-	1
Meatless Fricassee	1	-	-	-	1
Mousse	2	-	-	-	2
Oranges (Fresh)	1	-	-	-	1
Peas, Garden	1	-	-	-	1
Peas, Natural	1	-	-	-	1
Pastie	1	-	-	-	1
Pickled Eggs	1	-	-	-	1
Pork Pies	4	-	-	-	4
Pure Wheat Embryo	1	-	-	-	1
Ratatouille	1	-	-	-	1
Rice Milk Pudding	1	-	-	-	1
Sauces	2	-	-	-	2
Sausage Rolls	4	-	-	-	4
Sausages Beef	2	-	-	-	2
Sausages Pork	4	1	1	-	5
Shepherds Pie	1	-	-	-	1
Shandy, Export	2	-	-	-	2
Sliced Braised Beef in Gravy ..	2	-	-	-	2
Steak and Kidney Pie	1	-	-	-	1
Steaklets	1	-	-	-	1
Steak, Frying	1	-	-	-	1
Stewed Steak	1	1	1	-	2
Steakburgers	1	-	-	-	1
Soup, Lentil	1	-	-	-	1
Sponge Roll (Chocolate)	1	-	-	-	1
Sweet and Sour Sauce	1	-	-	-	1
Swiss Pate with Truffle	1	-	-	-	1
Suisse Delice	1	-	-	-	1
Sunny Spread	1	-	-	-	1
Smoked Medium Fat Processed ..	1	-	-	-	1
Cheese with Salami	3	-	-	-	3
Soft Drinks	1	-	-	-	1
Tinned Tomatoes	1	-	-	-	1
Treacle Sponge	1	-	-	-	1
Triple Strength Lemon Juice ..	1	-	-	-	1
Tomato Juice	1	-	-	-	1
Whole Plaice Portions	2	-	-	-	2

Xmas Puddings	2	-	-	-	2
Yoghurt	2	-	-	-	2
Aspirin B.P. 300 mg.	1	-	-	-	1
Benylin Expectorant	1	-	-	-	1
Doriden Tablets	1	-	-	-	1
Dramimine Tablets	1	-	-	-	1
Ethnine	1	-	-	-	1
Epanutin Capsules.	1	-	-	-	1
Ferrous Gluconate Tablets	1	-	-	-	1
Hypon Tablets	1	-	-	-	1
Largactil Tablets	1	-	-	-	1
Liquid Paraffin	1	-	-	-	1
Lobak Tablets	1	-	-	-	1
Multivate Tablets	1	-	-	-	1
Phenergen Tablets	1	-	-	-	1
Sonalgin Tablets	1	-	-	-	1
Totals	190	4	12	1	202

Total number of samples analysed during the year = 202

Number of samples adulterated — 5 = 2.4%

Milk Samples.—Thirty samples of milk were analysed during the year; of these nine were taken as formal samples.

The following table shows the average composition of the samples examined during each quarter, and the yearly average.

	No. of samples	Fat %	Solids-non-fat %	Water %
1st Quarter, 1969	12	3.73	8.66	87.61
2nd Quarter, 1969	4	3.63	8.86	87.51
3rd Quarter, 1969	7	4.08	8.93	86.99
4th Quarter, 1969	7	3.88	8.62	87.50
For the year 1969	30	3.83	8.77	87.40
For the year 1968	16	3.70	8.74	87.56
Requirements of the Sale of Milk Regulations, 1939		3.00	8.50	—

Unsatisfactory Samples of Food and Drugs

(a) *Cottage Cheese* This sample contained 72.3 per cent. of water and 2.49 per cent. of fat and should have been described as Low Fat Soft-Cheese. Further samples are being taken.

(b) *Fish Cakes* One informal sample only contained 16.8 per cent. of fish. Having regard to the Food Standards (Fish Cakes) Order, 1950, an article described as a fish cake must contain at least 35 per cent. of fish. The sample was thus deficient in fish to the extent of 52 per cent.

Following this report a formal sample was taken and this also proved unsatisfactory, containing only 23.9 per cent. of fish, thus being deficient in fish to the extent of 31.7 per cent.

Legal proceedings were taken against the manufacturers. A fine of £5 was imposed.

(c) *Stewed Steak* An informal sample contained 65.9 per cent. meat and to comply with the statement on the label at least 70 per cent. of meat should have been present.

A formal sample taken later proved to be satisfactory.

The firm of importers concerned stated that it was not their intention to import further supplies of this product and few tins must now remain in this country.

(d) *Pork Sausages*

One informal sample of Pork Sausages was found to contain only 62.8 per cent. of meat whereas the Sausages and Other Meat Product Regulations, 1967, require a minimum content of 65 per cent. meat.

Following this report a formal sample was taken which was found to comply with the Regulations.

Poultry Inspection

There are no poultry processing premises within the borough.

Fertilisers and Feeding Stuffs Act, 1926.—Fifteen formal samples of fertilisers and feeding stuffs were submitted for analysis. These included 7 samples of feeding stuffs and eight fertilisers.

All samples conformed to the statutory statements issued with the exception of one sample of fertiliser, details of which are set out below:—

Moss Killer

Having regard to the Fertilisers and Feeding Stuffs Regulations, 1968, the sample contained Insoluble Phosphoric Acid and Potash in excess of the guarantee. The Analyst reported that in his opinion the excess of these materials in this case would not prejudice the purchaser.

This matter was referred to the manufacturers for their comments and a reply is still awaited.

PART VII.—ADDITIONAL INFORMATION

NATIONAL ASSISTANCE ACTS : INCIDENCE OF BLINDNESS

Forms B.D.8 were received in respect of 36 persons during the year, and as a result of examinations carried out by the ophthalmic surgeons, 27 were certified as blind and 6 as partially sighted. One person was neither blind nor partially sighted, and there were also 2 re-examinations showing no change. No cases of retrolental fibroplasia were reported.

The total number of blind persons in the Borough on the 31st December was 154 (62 males and 92 females). The number of partially sighted persons was 87 (33 males and 54 females).

Follow-up of Registered Blind and Partially-Sighted persons

(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment	2	1	—	15
(b) Treatment (medical surgical or optical) ..	4	2	—	9
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2	1	—	8

PERSONS IN NEED OF CARE AND ATTENTION

It was not found necessary during the year to take action under Section 47 of the National Assistance Act, 1948.

EPILEPTICS AND CEREBRAL PALSY

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows :-

Epileptics

			Under 5	5-15	16 and over	Total Number
At ordinary school	Males		—	12	—	12
	Females		—	25	—	25
At special school	Males		—	—	—	—
	Females		—	1	—	1
At training centre	Males		—	5	—	5
	Females		—	3	1	4
*In employment	Males		—	—	32	32
	Females		—	—	9	9
At home	Males		—	—	8	8
	Females		—	—	2	2
TOTALS			—	46	52	98

Cerebral Palsy

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school	Males	—	4	—	4	
	Females	—	12	—	12	
At special school	Males	—	2	—	2	
	Females	—	—	—	—	
At training centre	Males	—	4	—	4	
	Females	1	3	1	5	
*In employment	Males	—	—	2	2	
	Females	—	—	1	1	
At home	Males	5	3	—	8	
	Females	4	—	—	4	
TOTALS			10	28	4	42

*Per Disablement Resettlement Officer, local office of Ministry of Labour.

MEDICAL EXAMINATIONS

Medical examinations for superannuation purposes were carried out on 240 employees during the year, 219 by medical staff of the department and 21 by requests to other local authorities. Of these 8 were found unfit for entry into the superannuation scheme, and one was deferred for a probationary period.

Eight employees for retirement on medical grounds were referred to the Medical Referee, and the Medical Officer of Health investigated and made special reports on 23 employees who had been absent from duty for a period of three months and over.

Examinations for entry into the teaching profession numbered 37, 12 of these by requests to other authorities. Each candidate received x-ray examination of the chest before appointment and all were found to be fit for entry into the profession. Eighty-five candidates for admission to training colleges were also examined by the medical staff.

The number of persons examined for employment in the School Meals Service and the College of Technology Refectory of the Local Education Authority was 148. This examination includes tests for carrier conditions and none of the candidates were found to be unfit for such employment.

Seven firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950.

The above represents a total of 525 medical examinations during the year, 484 of which were performed by medical staff of the department, compared with 579 and 545 respectively in the previous year.

As recommended in Ministry of Health Circular 18/67—Protection of Children from Tuberculosis—33 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

BLOOD DONORS

The Watkin Street Clinic was again placed at the disposal of the Sheffield Regional Transfusion Team to hold taking sessions on two occasions during the year.

LABORATORY FACILITIES

The examination of specimens is carried out in the pathological laboratory at the Grimsby General Hospital. A total of 1,061 specimens was sent by the health department, one less than in 1968.

GRIMSBY CREMATORIUM

The Medical Officer of Health and his Deputy act as Medical Referee and Deputy Medical Referee respectively to the Grimsby Crematorium.

The number of cremations which have taken place in the past five years is as follows:—

Year	Grimsby residents	Residents from other areas	Total
1965	599	938	1,554
1966	616	909	1,508
1967	698	815	1,513
1968	665	933	1,598
1969	733	800	1,533

PART VIII

SCHOOL HEALTH SERVICE

SCHOOL HEALTH SERVICE

**REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1969**

To the Chairman and Members of the Education Committee.

It is pleasing to be in a position to report that the health of the children attending Grimsby schools is very satisfactory.

There were no serious outbreaks of infectious disease and the measles vaccine (introduced in 1968) seemed to be having some effect as fewer cases occurred than would normally be expected. Unfortunately, the vaccine had to be withdrawn due to a scare about its complete safety. This problem has now been overcome and the campaign has recommenced.

Likewise, there was a fall in the contagious skin diseases, and cleanliness inspections showed a very low percentage of infested pupils. However, the incidence of plantar warts continued to receive close attention and all cases were treated vigorously.

The Child Guidance Service had another busy year and the emphasis on remedial work continues. Once again, the authority is without the services of a Speech Therapist, and despite strong efforts to fill this vacancy no applications have been received.

Physical Education seems to be developing well and this not only contributes to a healthy physical condition, but is equally good for mental health. The increase in dental officers is welcomed, but we all hopefully await the introduction of fluoridation of the water supply. Meantime, all concerned fight a continuing battle against the ravages of an excessively carbohydrate diet.

I am pleased to acknowledge the help and interest of the Education Committee, and also of the Director of Education and his staff for their friendly co-operation. My grateful thanks are recorded to the Head Teachers for their willingness to help at all times.

R. GLENN,
Principal School Medical Officer

Health Department,
Queen Street,
GRIMSBY.
May, 1970.

GRIMSBY COUNTY BOROUGH EDUCATION COMMITTEE

The Worshipful the Mayor—Alderman A. C. PARKER

Chairman—Councillor G. R. BERRETT

Vice-Chairman—Councillor K. PRESCOTT

Director of Education—J. E. SHEPHERD, M.A.

STAFF OF SCHOOL HEALTH SERVICE

Medical Officer of Health and Principal School Medical Officer—

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H., F.R.S.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer—

ROBERT G. HAUGHIE, M.B., Ch.B., D.P.H.

School Medical Officers—

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

JACK BUCKINGHAM, M.B., Ch.B., D.P.H.

ANNE DOCKER, M.B., Ch.B. (res: 31.12.69.)

Principal Dental Officer—

GEOFFREY S. WATSON, B.D.S., L.D.S.

Senior Dental Officer—

PAUL W. GENNEY, B.D.S.

Dental Officer—

VERONICA M. SPENCER, B.D.S., L.D.S., R.C.S. (Eng.)

Part-time Dental Officers—

DAVID U. E. MILLER, L.D.S., R.C.S. (Eng.)

JENNIFER AYERS, L.D.S.

MICHAEL J. WATSON, B.D.S., L.D.S., R.C.S. (Eng.) (appt: 17.2.69 - 15.7.69).

Part-time Medical Anaesthetist—

F. M. MacDONAGH, M.R.C.S., L.R.C.P.

Principal Nursing Officer—

Mrs. I. HALDANE

Health Visitor/School Nurses—

Miss M. TIPPLER, Miss M. BAGG, Mrs. M. KOZLOWSKI, Miss J. BELL, Miss I. ADAMSON, Mrs. M. DAWSON, Mrs. I. STOREY, Mrs. H. DRYFE, Mrs. M. FREEMANTLE (appt: 15.9.69), Miss V. PAYNE (appt: 1.12.69).

School Nurses—

Miss H. SCARLETT, Mrs. A. NICHOLSON (res: 30.9.69, appt: part-time 1.10.69), Mrs. M. WALMSLEY, Mrs. W. MASON (res: 31.3.69), Mrs. L. HALLAM, Mrs. O. TAYLOR (part-time), Mrs. J. BARKER (appt: part-time 21.4.69).

Clinic Nurses—

Mrs. S. GARROD, Mrs. M. HANSON (res: 31.5.69), Mrs. A. DIXON (appt: 1.1.69., res: 31.3.69), Miss J. LEGG (appt: 1.7.69).

Dental Attendants—

Mrs. M. FINNIE, Miss S. CASH, Miss I. CHASE, Miss M. CUTTING.

Clerical Staff—

Miss A. ROBERTS, Mrs. M. AYLOTT (Dental), Miss J. BINNINGTON, Miss S. HEAD (res: 31.8.69), Mrs. M. DRINKELL (temporary part-time 16.6.69, appt: permanently 1.12.69), Mrs. J. OATEN (appt: part-time 10.12.69).

GENERAL INFORMATION

Home population at all ages (estimated at 30th June, 1969) 96,500

Estimated child population (30th June, 1969).

Under 1 year	...	...	1,710
1 to 4 years inclusive	...	...	6,990
5 to 14 years inclusive	...	...	16,600
Total under 15 years	...	...	<u>25,300</u>

Primary Schools*Number on Rolls*

Number of schools	...	...	22	11,314
Number of departments	...	...	41	

Secondary Schools

Number of schools	...	...	5	3,143
Number of departments	...	...	7	

Secondary Grammar and Technical Schools

Grimsby Wintringham Grammar School	...	...	...	1,125
Havelock School	...	...	...	1,156
Technical School	...	...	...	675
Hereford Comprehensive School	1,225

Special School

Carnforth Day Special School	140
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Nursery School

Nunsthorpe Nursery School	42
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Total number of pupils on rolls (January, 1970)	...	<u>18,820</u>
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**PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (Including Nursery and Special Schools)**

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examina- tion	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examina- tion (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satis- factory	Unsatis- factory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	78	78	—	—	—	5	5
1964	558	558	—	—	20	64	73
1963	391	389	2	—	8	40	43
1962	46	46	—	—	—	3	3
1961	21	21	—	—	—	3	2
1960	20	20	—	—	1	2	3
1959	92	92	—	—	—	4	4
1958	1,327	1,326	1	—	64	80	134
1957	621	620	1	—	29	51	77
1956	27	27	—	—	2	7	6
1955	964	964	—	—	31	37	66
1954 and earlier	1,292	1,292	—	—	72	49	117
TOTAL	5,437	5,433	4	—	227	345	533

Col. (3) total as a percentage of Col. (2) total 99.92% } to two places
Col. (4) total as a percentage of Col. (2) total 0.08% } of decimals.

TABLE B.—OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	...	...	304
Number of Re-inspections	...	...	...	...	...	59
Total	...	...	...	...	...	361

TABLE C.—INFESTATION WITH VERMIN

NOTES: All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	27,686
(b) Total number of individual pupils found to be infested	...	651
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	23
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	85

**PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL
MEDICAL INSPECTIONS DURING THE YEAR**

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin	T	14	21	28	63	84
		O	71	63	70	204	—
5	Eyes—						
	a. Vision ..	T	27	98	102	227	—
		O	131	268	202	601	7
	b. Squint ..	T	5	1	5	11	—
		O	28	12	46	86	2
	c. Other ..	T	—	—	4	4	33
		O	6	6	13	25	—
6	Ears—						
	a. Hearing ..	T	21	6	18	45	—
		O	15	10	24	49	—
	b. Otitis Media	T	—	3	4	7	—
		O	30	7	27	64	—
	c. Other ..	T	—	1	3	4	—
		O	27	14	19	60	—
7	Nose and Throat	T	9	6	4	19	—
		O	109	42	81	232	—
8	Speech	T	—	—	3	3	—
		O	26	2	44	72	2
9	Lymphatic Glands	T	—	—	—	—	—
		O	4	—	6	10	—
10	Heart	T	5	1	—	6	—
		O	18	31	42	91	2
11	Lungs	T	—	2	4	6	—
		O	42	39	50	131	1
12	Developmental—						
	a. Hernia ..	T	6	—	1	7	—
		O	10	14	4	28	—
	b. Other ..	T	—	—	8	8	—
		O	13	—	15	28	—
13	Orthopaedic—						
	a. Posture ..	T	—	1	—	1	—
		O	1	5	11	17	—
	b. Feet ..	T	1	—	4	5	—
		O	7	11	37	55	—
	c. Other ..	T	—	1	4	5	—
		O	10	27	35	72	1
14	Nervous System—						
	a. Epilepsy ..	T	—	1	—	1	—
		O	15	14	19	48	—
	b. Other ..	T	—	1	—	1	—
		O	1	7	12	20	—
15	Psychological—						
	a. Development	T	1	—	1	2	—
		O	2	1	143	146	1
	b. Stability ..	T	10	2	1	13	—
		O	36	9	152	197	—

PART II—(continued) SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
16	Abdomen ..	T	1	—	—	1	—
		O	14	12	13	39	—
	Other ..	T	1	2	1	4	—
		O	7	24	41	72	5

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(Including Nursery and Special Schools)**

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	3
Errors of refraction (including squint)	271
Total	274
Number of pupils for whom spectacles were prescribed	209

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	6
(b) for adenoids and chronic tonsillitis	106
(c) for other nose and throat conditions	8
Received other forms of treatment	5
Total	125
Total number of pupils still on the register of schools at 31st December, 1969, known to have been provided with hearing aids:	
(a) during the calendar year 1969 (see note below)	2
(b) in previous years	9

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	10
(b) Pupils treated at school for postural defects ..	—
Total	10

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part 1)

	Number of pupils known to have been treated					
Ringworm—(a) Scalp	—					
(b) Body	1					
Scabies	40					
Impetigo	18					
Other skin diseases	31					
Total						90

TABLE E.—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	641

TABLE F.—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	144

TABLE G.—OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	1,738
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,170
(d) Other than (a), (b) and (c) above	
Please specify: 1. Respiratory System	12
2. Cardio-Vascular System	6
3. Alimentary System	130
4. Central Nervous System	14
5. Genito-Urinary System	30
6. Other conditions not specified	33
Total (a)—(d)	3,133

SCHOOL DENTAL SERVICE

ATTENDANCE AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit	1,565	1,609	353	3,527
Subsequent Visits	911	3,226	903	5,040
Total Visits	2,476	4,835	1,256	8,567
Additional courses of treatment commenced	80	85	24	189
Fillings in permanent teeth	502	3,804	1,587	5,893
Fillings in deciduous teeth	434	156	—	590
Permanent teeth filled	451	3,060	1,231	4,742
Deciduous teeth filled	401	130	—	531
Permanent teeth extracted	268	1,391	318	1,977
Deciduous teeth extracted	2,992	791	—	3,783
General anaesthetics	1,237	865	148	2,250
Emergencies	785	353	55	1,193
Number of Pupils X-rayed ... ..	...	...	...	162
Prophylaxis ... ..	...	...	...	526
Teeth otherwise conserved ... ..	...	...	...	15
Number of teeth root filled ... ..	...	...	...	39
Inlays ... ..	...	...	...	8
Crowns ... ..	...	...	...	63
Courses of treatment completed ... ..	...	...	...	3,010

ORTHODONTICS

Cases remaining from previous year ... ..	...	...	...	...	33
New cases commenced during year ... ..	...	...	...	...	80
Cases completed during year ... ..	...	...	...	...	33
Cases discontinued during year ... ..	...	...	...	...	1
No. of removable appliances fitted ... ..	...	...	...	...	122
No. of fixed appliances fitted ... ..	...	...	...	...	—
Pupils referred to Hospital Consultant ... ..	...	...	...	...	4

PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	21	12	34
Number of dentures supplied	3	36	21	60

ANAESTHETICS

General Anaesthetics administered by Dental Officers	1
---	-----	-----	-----	-----	---

INSPECTIONS

(a) First inspection at school. Number of pupils ... ..	...	...	...	...	3,758
(b) First inspection at clinic. Number of pupils ... ..	...	...	...	...	2,793
Number of (a) (b) found to require treatment ... ..	...	...	...	...	5,359
Number of (a) (b) offered treatment ... ..	...	...	...	...	5,359
(c) Pupils re-inspected at school or clinic ... ..	...	...	...	...	370
Number of (c) found to require treatment ... ..	...	...	...	...	273

SESSIONS

Sessions devoted to treatment ... ..	...	...	...	...	1,603
Sessions devoted to inspection ... ..	...	...	...	...	19
Sessions devoted to Dental Health Education ... ..	...	...	...	...	16

MEDICAL INSPECTIONS

General condition of pupils inspected.—The routine medical inspection of school children continues to be one of the most important aspects of the work of the School Health Service, and pupils are examined at least three times during their school life—first as a school entrant, then at the age of 10 - 11 years and finally as a school leaver.

On examination children are divided into two categories (satisfactory or unsatisfactory) according to their physique, height-weight ratio and present state of health. Of the 5,437 children medically examined only 8 (0.08%) were classified as unsatisfactory.

The number of pupils paying for school dinners increased this year to 9,397 and 1,092 were receiving them free. The daily number of children taking school milk was 9,507.

School Clinics.—There are two school clinics—one in Milton Road which is open all day from 8.40 a.m. to 5.30 p.m., and the other at 34 Dudley Street which is open during mornings only. Minor ailment sessions are held each morning, and new cases seen by the clinic nurses were 1,629 (1,545 the previous year), with a total of 8,059 attendances.

Special sessions were held as follows:— *Ophthalmic*—weekly; *Cardiac*—monthly or by arrangement.

In addition, the School Medical Officers carry out the examination of candidates for admission to training colleges and entrants to the teaching profession.

Uncleanliness.—The following gives the details of cleanliness inspections with a comparison shown in brackets for the previous year:—

Total inspections	27,686	(39,128)
Number of individual pupils found to be infested	651	(1,071)
Number of pupils found to be unclean at the time of routine medical inspection ...	30	(21)

Facilities are available at both school clinics for children who repeatedly attend school in a verminous condition to be treated by a trained nurse. Head lotion and special shampoos are freely available from both school clinics where a clinic nurse is in daily attendance.

Diseases of the skin.—Many children with skin conditions are referred directly from schools and other sources to minor ailments sessions for treatment as well as those cases discovered at routine or special medical inspections.

The incidence per one thousand inspections of all skin diseases found at routine medical inspections during the last five years is as follows:—

	1965	1966	1967	1968	1969
All skin diseases ...	8.1	8.0	4.7	5.6	6.5
Scabies	—	0.7	1.0	0.2	0.3

The following shows the number of cases of contagious skin diseases seen by the medical officer and treated at the clinics during the same period:—

	1965	1966	1967	1968	1969
Scabies	18	48	117	59	40
Impetigo	6	4	14	33	18

Plantar Warts.—The number of children attending the School Clinic for treatment of this complaint was 721. The routine treatment with Chlorosal proved satisfactory in all the cases.

Defects of vision.—Routine vision testing is carried out by school nurses on school entrants and is repeated at ages 8 years, 11 years and finally as school

leavers. The last test combines colour vision screening by the Ishihara method.

Two hundred and seventy-one children (116 new cases) were referred to the special Ophthalmic Clinic and glasses were prescribed for 209. Attendances were 392 and no new case of eye disease was referred from the school clinic during the year.

Diseases of Ear, Nose and Throat :—

(a) **Audiometry.**—Routine audiometric testing continued to be carried out at school on 1,844 children in the eight year old age group, and of these 39 were referred to the special audiology session at the School Clinic.

The total number of cases seen at the audiology session was 133 with 12 being referred to the E.N.T. Specialist on account of deafness.

(b) **Nose and Throat Defects.**—The number of cases found to require treatment at routine and special inspections was 19, which were classified as follows :—

Chronic tonsillitis	5
Adenoids only	1
Chronic tonsillitis and adenoids	3
Other conditions	10

Heart Diseases and Rheumatism.—Ten consultative clinics were held at the school clinic with 62 cases being dealt with.

HANDICAPPED PUPILS AND SPECIAL SCHOOLS REGULATIONS, (As at end of January, 1969)

Categories of Handicapped pupils	Number at ordinary school	Number at special school	Number not at school
Blind	—	3	—
Partially sighted	—	1	—
Deaf	—	8	—
Partially hearing	1	2	—
Educationally sub-normal ..	9	122	—
Epileptic	37	1	—
Maladjusted	1	7	—
Physically handicapped ..	—	5	1
Speech defect	—	—	—
Delicate	1	1	—

Infectious Diseases.—The incidence of notifiable disease in children aged 5 to 15 years was as follows :—

Scarlet Fever 50 (39); measles 51 (178); whooping cough — (5); chickenpox 242 (659); dysentery 10 (22); acute meningitis 3 (3); infective jaundice 130 (9); tuberculosis 4 (4).

Special attention is drawn to the fact that there were no cases of whooping cough and only 51 of measles in children of school age.

B.C.G. Vaccination.—Routine vaccination was offered to pupils over the age of twelve years and the number to receive B.C.G. vaccination was 1,170 as compared with 909 the previous year. Children with positive skin test reactions are given an opportunity for x-ray examination at the Chest Clinic.

The acceptance rate continues at a satisfactory level and on heaf testing it is found that the number of positives is gradually decreasing and represents at the present time about 4 per cent.

Tuberculin Survey in Schools.—For the second year running there was no necessity for carrying out a tuberculin survey in any school. This work is carried out where indicated to exclude the possibility of infection among school children.

Diphtheria immunisation.—Special diphtheria immunisation sessions were conducted at school premises in conjunction with medical inspections and of the following details 235 primary and 1,648 maintenance injections were carried out in schools.

<i>Primary Immunisation</i>		<i>Reinforcing injections</i>	
Under 5 years	1,128	Under 5 years	180
5 to 15 years	248	5 to 15 years	1,972
	<hr/>		<hr/>
	1,376		2,152
	<hr/>		<hr/>

The total primary immunisations for the previous year was 1,628 and reinforcing injections numbered 2,654.

Poliomyelitis vaccination.—The number of children to receive the complete course of ORAL vaccine was as follows :—

Under 5 years	...	...	...	...	...	...	1,138
5 to 15 years	...	...	...	...	...	...	249
							<hr/>
							1,387
							<hr/>
Reinforcing doses	...	...	...	...	...	...	2,149
The total primary immunisations for the previous year was	...	...	...	...	...	...	1,707

Measles vaccination.—This work was interrupted because of a shortage of measles vaccine and only 708 children were immunised, 118 of these being of school age. Fortunately most of the four to seven age group were immunised in 1968 when it was found the response was not too good and in any event many children had had the disease by the age of seven.

Health Education.—Classes for fourth year girls of a comprehensive school have been held twice weekly by two health visitors at the Health Clinic, Milton Road. These were held during the spring and autumn terms, when two well-planned theoretical and practical programmes on "Child Care" and "Health of the Teenager" were completed.

Full use has been made of other educational media, e.g. posters, demonstrations and films (both strip and sound). The venue of these classes facilitated the practical application of theory as each student was allowed time to observe and participate in an infant welfare session. The students also made various visual aids and posters, especially on smoking and lung cancer. Venereal disease was mentioned during the talks, but not especially itemised.

Talks were given also in two secondary girls' and two secondary boys' schools. These included "Personal and General Hygiene," "Facing up to Life," "The Anatomy of Male and Female" and "The Responsibilities of the Adult." Discussion and question time afterwards proved to be both valuable and interesting.

Employment Certificates.—During the year certificates were issued to 198 school children who were engaged in particular employment after school hours.

Provision of Clothing.—Clothing was supplied to 503 children at a cost of £3,586 19s. 3d.

DENTAL SERVICE

*(Report by Mr. Geoffrey S. Watson, B.D.S., L.D.S.,
Principal School Dental Officer)*

The year commenced favourably for the dental services of this authority, when a full-time dental officer was recruited in January, bringing the number of whole-time professional staff to three. There was also an increase in part-time dental officers, and these are most welcome additions for the benefit of the service.

The authority has not been able to secure the services of a dental auxiliary, despite efforts to this end.

The routine programme of school inspections and treatment has been maintained and it is pleasing to note, on inspections, that the number of cases showing gross neglect is diminishing. There is also a decrease in the number of nursing and expectant mothers seeking treatment.

It is to be hoped that the present financial stringency will ease in the near future, when it is planned to replace some of the old equipment with modern and more flexible alternatives.

CHILD GUIDANCE SERVICE

(Report by Mr. J. T. Sime, Senior Educational Psychologist)

PART ONE

The Grimsby Child Guidance Service was set up in 1948 and provides a comprehensive Child Guidance and School Psychological Service for the Borough of Grimsby and surrounding county areas by arrangement with the Lindsey Authority.

Children are referred by doctors, teachers, Children's and Probation Officers, the Police, parents and others. The problems are extremely varied and include educational, behavioural and emotional difficulties. In a sense the name Child Guidance is misleading and one might aptly re-name the service Parent Guidance because a great deal of effort is expended in discussing children and their behaviour with parents in order to provide insight or guidance which will help in the reduction or removal of the original referral problem. Such a name would be equally misleading, however, because of the tremendous scope of our work which may be judged by examining the Appendix to this report.

Our aim continues to be prevention and early diagnosis whenever possible, and in this connection our close association with the schools has proved invaluable. The Remedial Teaching Service helps in prevention as well as in monitoring the "at risk" group. Later maladjustments or delinquency may show themselves as educational failures long before they are in other ways serious enough to come to the attention of the doctors, Police, or other authority.

Our screening of children "at risk" is the most effective in Britain. Details are given in Part VI.

PART TWO

Case Load

At the beginning of the year referrals were discouraged due to staff shortage and for a time a waiting list was organised. Despite this, however, the total number of cases dealt with over the year was not significantly lower than the record number last year. Eight hundred and fifty cases were dealt with by the Child Guidance Centre staff, an increase of 25 per cent over the 1967 figures. The children helped by the Remedial Service totalled 1,086, by the Hospital teachers another 982, making a grand total of 2,918 children helped. It is, of course, impossible to get a clear picture of the work done from these figures alone since more work now tends to go into each case. They do show, nevertheless, the gigantic recording and filing task we undertake with a single secretary. Much information goes to waste because without more secretarial help it is not possible to distribute it to other social services and so achieve the closer integration recommended by the Seeborn Report. The Education Committee are earnestly requested to provide further clerical help so that closer co-operation with other services may be possible.

PART THREE

Activities in 1969

Staff Changes

During the whole of the first term there was a vacancy for the post of Senior Remedial Teacher/Psychological Examiner. We were pleased to welcome Mr. E. F. Hymers to this post in April. Our Social Worker, Mrs. S. W. Fozzard, moved to Edinburgh when her husband's employment took him there and we were extremely sorry to lose her because of her highly professional approach and because of the work she did on enuresis and on group work with parents. This post remained vacant for a whole term until Miss R. J. Gallagher came in August. We welcomed Mrs. S. Headland back to the Remedial Teaching staff during the year to fill a vacancy. In December Miss H. R. Hall gave up her post of remedial teacher after many years' service and the vacancy was filled by Mrs. M. Baldock who transferred from the Lindsey to the Grimsby staff. A new remedial teacher, Mrs. I. Holmes, was appointed to the Lindsey staff to fill a vacancy. At the end of the year we were in the fortunate position of being fully staffed again.

Courses

Courses for new remedial teachers and refresher courses for serving remedial teachers were held. These consisted of ten morning sessions and covered the causes of retardation and backwardness, including physical and psychological factors, the psychology of reading, methods of diagnosis and remedial methods. Time was given for discussion. The final session was a practical one where the remedial teachers were presented with a child and, because all remedial teaching should be based on diagnosis were asked to answer the following relevant questions:

- (1) Does this child, on your evidence, require remedial help?
- (2) What are the factors associated with his failure?
- (3) What work programme would best suit his individual needs?

During the practical session at the end of the year one teacher reported that the child she was testing did not need any remedial help. This was rather surprising because he was in a remedial class and had been retarded by two years according to our September records. The answer to the problem lay in the dedicated work by the retiring remedial teacher, Miss Hall, who had brought the boy's reading on so well that he was now indeed as average as the course teacher had discovered.

A limited number of teachers who dealt with retarded or backward children but were not on the child guidance staff were admitted to the courses. This helped these teachers and made our discussions more lively by bringing in divergent points of view.

Conferences

In our role of advisory service it is essential that we keep up to date with the latest findings in psychology. Early in the year I attended the Conference of the Association for Mental Health entitled "New Ways with Old Problems" which dealt with mental health questions in a frank and sympathetic way. The Assistant Psychologist, Mrs. H. R. MacDonald, attended the Inter-Clinic Conference run by the same Association, the subject of which was "Children who don't talk."

Staff Meetings

Every Monday morning is set aside for case discussion when I am available to discuss cases with individual members of staff or for all the persons who have been involved in a case to discuss it from the point of view of their own examination of the child or discussion with the parent. The result of such inter-disciplinary discussions has been to widen our experience and to provide a very large measure of agreement concerning not only individual cases but also the broader principles involved. Case discussion might involve the person dealing with the child in the play therapy group, his remedial teacher, the person who examined him psychologically and the psychologist or social worker who obtained details of his social and emotional history. There may also be available information from the person referring the child, from his school, his doctor and from a number of objective tests which give an assessment of his attainments, his abilities and his emotional and social status.

The remedial staff working the schools normally come together on the morning of the first Monday of each month. Such meetings permit outside speakers to talk to them, and supplement the guidance supplied by the Senior Remedial Teacher. At the meetings Remedial Teachers may ask the Centre staff for guidance generally or on individual cases or may take the opportunity to thrash out mutual problems with their colleagues in the remedial service. As has been the practice in the past, we have invited the staff of allied social services to attend when there is an outside speaker talking on a subject of mutual interest to all.

Teaching English to Chinese Children

A new development which has appeared and developed by popular demand has been the teaching of the English language to Chinese children. From a single child earlier this year the number has grown to six. Visitors to the Centre have been amused to find the teacher's blackboard instructions written in Chinese characters. This work is carried out by Mr. F. J. Nicholls.

Talks to Parent Groups

As part of our preventive work a large number of talks were given by members of the team to various parent and other interested groups. Parents often ask us to see their children after such talks.

Course on the Pre-School Child

After the successful course on "Forming a Pre-School Play Group" held in conjunction with the Grimsby College of Technology last year, another course was run by Mrs. MacDonald and Mrs. Green this year on "The Pre-School Child." Visiting speakers included Dr. R. Glenn, Medical Officer of Health, Dr. R. G. Haughie, Deputy Medical Officer of Health, Miss Biggs, Sister Tutor, and school visits made to Grange Infants' School, Fairfield Infants' and Spring-

field Infants'. Subjects included emotional development, intellectual development, art, music, speech and an average attendance of twenty members has been maintained throughout the twenty-four two hour sessions. It is hoped that a similar course will be held next year.

Combined Child Guidance/Medical Clinics and Visits

Regular monthly Combined Clinics are held with the Paediatrician for the area, Dr. J. L. P. Hunter. Combined monthly visits by Dr. Haughie and myself are made to Carnforth E.S.N. School and the Junior Training Centre. This is a valuable extension of our screening and preventive work. The services of a Consultant Child Psychiatrist, Dr. J. S. Edmondson, are also available to us in the Child Guidance Centre on three or four afternoons each month.

Work with Backward and Retarded Children in Secondary School

The inclusion of children from a broader intelligence band in Grammar Schools has meant work by our department in helping the schools to set up suitable programmes for them. This work is time consuming and appears nowhere in the statistics, but is necessary and valuable.

PART FOUR

Remedial Teaching Service

The Remedial Teaching Service is an essential part of the Child Guidance Service and has an important preventive function. Children are referred to Child Guidance by many agencies. More often than not, however, such children have failed in classwork and received remedial help long before their other symptoms were serious enough to come to the notice of their doctor, their headmaster, the Children's Officer or the Probation Service. By helping retarded children early to gain confidence and self esteem later problems may be avoided. But when a child proves resistant to remedial teaching we see from his records that further investigation may be needed. Such investigations often bring to light a host of other problems of which the school was not aware. At this point the whole Child Guidance Service is brought into action to provide whatever help the diagnosis shows to be required. The majority of children receiving remedial help make progress and require no deeper analysis of their difficulties than that carried out by the Remedial Teacher. Children are carefully selected for help on the basis of their ability to profit from it. The service does not cater for the merely dull child for whom this provision is not suitable. Many children who may appear dull have failed, not from lack of intelligence, but from lack of confidence, absences, emotional problems, immaturity, etc. and can often be helped to take their place within a normal class. The Remedial Service is a valuable investment in the future.

With the arrival of Mr. E. F. Hymers who brought to the Remedial Service a wide and varied experience it was found possible to take a further step towards our aim of earlier diagnosis and prevention. Supervision of the children in the remedial classes who may be considered an "at risk" group has been increased. Mr. Hymers acts as a link between the remedial teachers out in the schools and the Child Guidance Centre. Through Mr. Hymers the remedial teachers may call on the pooled enterprise of the whole service. More often than not a problem may be sorted out by the suggestion of a teaching method or of materials suited to the individual child's particular problems. There is no one teaching method suitable for all retarded children, but many different approaches which may be more or less useful depending on the child's particular difficulties and which may even then have to be modified to suit each of these varied human beings who fail in school work.

In addition to this closer relationship between the teachers and the Centre, courses were carried on over periods of ten weeks as training for new remedial teachers and as refresher courses for serving teachers. Details have been given in Part Five.

PART FIVE**Details of Remedial Classes****Grimsby**

Remedial Classes were held in the following schools in Grimsby as part of the Child Guidance Service :

Edward Junior School
 Fairfield Junior School
 Grange Junior School
 Little Coates Junior School
 Nunsthorpe Primary Boys' School
 Old Clee Junior School
 St. John's Junior School
 St. Mary's Junior School
 South Parade Junior School
 Strand Junior School
 Weelsby Junior School
 Welholme Primary Boys' School
 Welholme Primary Girls' School

Hospital Classes

The first hospital class was set up at Scartho Road nine years ago and when this proved successful it was followed by another in the Grimsby and District General Hospital. The main aim of these classes is twofold. First, to try to ensure that the children do not fall behind in their school work and so that they will be able to return to their normal place in the ordinary school. Secondly, to keep the children busy and happy and thereby stop homesickness and hasten their recovery. Occasionally when a child is brain injured or has both physical and psychological difficulties the hospital teacher provides valuable information used in assessing how the child will fit again into normal school.

PART SIX**Statistics Year Ending 31st December, 1970**

Number of cases carried forward from 1968	306
Number of cases referred during 1969 (including re-refers) ...	335
Total number of cases dealt with during 1969	641
Number of cases closed during 1969	338
Number of cases open at 31st December, 1969	303
Number of cases opened and closed in 1969	138

Referrals

Total number of girls referred	131
Total number of boys referred	204
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	335

Reason for Referral

Habit problems	21
Emotional problems	58
Mental Assessment	112
Behaviour	94
Psychiatric Court Report	1
Educational Guidance	34
School Refusal	7
Other	8

 335

Source of Referral

Parents	...	...	...	...	...	...	...	32
Head Teachers	...	...	...	...	...	...	...	190
Medical Officer of Health	...	...	...	...	...	...	...	26
Director of Education	...	...	...	...	...	...	...	37
G.P.'s and Consultants	...	...	...	...	...	...	...	30
Children's Officer and Magistrates	...	...	...	...	...	...	...	14
Probation Officers	...	...	...	...	...	...	...	3
Police	...	...	...	...	...	...	...	1
Other	...	...	...	...	...	...	...	1
								<hr/> 335

Comments on the Statistics

Statistics alone tell very little about the work that is done since the time spent on any one case may vary from an hour or two for an examination and report to many hours of diagnosis, discussion or therapy spread over a number of years. One case which was open when I came here two and a half years ago was one which had first been dealt with some fourteen years earlier. The file was in two parts, both several inches thick. Yet in the statistics this case ranks as one along with other cases where only a morning's work is all that is required. The amount of work going into cases recently has been increased, more children being given play therapy and more parents being given many interviews rather than advice on one occasion which they may not emotionally be ready to accept. Bare statistics are inaccurate in another way; they tell nothing of the hours of talking to teachers about children who may or may not be Child Guidance cases.

The School Psychological Service side of our work takes up half of my time and a great deal of that of the Senior Remedial Teacher. To try to quantify this work would be a barren and time consuming task, but the work goes on and is valuable nevertheless.

The number of cases dealt with during the year was 850 in the Centre, and 2,068 in the Remedial and Hospital Teaching Service, making a grand total of 2,918 children helped. That 850 cases were attended to in the Centre is surprising because two full-time members of staff were not replaced for a full term, yet this number is under a hundred short of the figure for last year (948).

The greatest number of new referrals during the year were for educational guidance and mental assessment which together make up nearly half of the total. Behavioural problems represented more than a quarter of the total. Emotional and habit problems made up nearly another quarter.

The largest age group of children seen are 199 new referrals in the 7 to 11 age level, there being 50 children in each year level.

Perhaps the most interesting fact of all was one revealed in a recent Government report quoted in the Times Educational Supplement, that in screening the "at risk" children Grimsby is foremost in Britain. Last year the Centre staff saw 5 per cent of the total school population. A similar number were seen in the School Remedial Service, which, allowing for an overlap between the groups, means that between 5 per cent and 10 per cent of the school population are screened and helped. Such figures show the value of having a Child Guidance Service tied to the Education rather than a larger Social Service Department.

Our emphasis is on prevention and our figures have shown that this task is being more adequately carried out in Grimsby than anywhere else in Britain because of the close association with the schools and because of our Remedial Teaching Staff.

Grimsby is at present understaffed and has a need for another psychologist. This claim is based on the Summerfield Report of necessary psychologist/school population ratios. Details of the school population in the Grimsby and Lindsey area covered by the Grimsby Child Guidance Service are being sought and it is believed that they will support the need for a third psychologist.

PART SEVEN

Conclusion

Thanks are extended to Mr. J. E. Shepherd and Mr. G. V. Cooke and their staffs for their guidance and support, to Dr. R. Glenn and Dr. C. D. Cormac and their staffs for their ever-ready co-operation, and to the members of all the social services with whom we have worked during the year.

It has been a difficult year owing to staff shortage in the first part of 1969 and our pleasure in June at celebrating our 21st anniversary with the presence of Dr. Jackson was marred by news of his death in December. During the year many parents and children have been helped and I feel that we may feel satisfied with our efforts. In December I received a letter from a student of psychology at university which would be unremarkable but for the fact that in 1962 I discovered her in a secondary school after she had failed to get into a grammar school. Her parents brought her back to me just over a year ago to ask whether I still had faith in her superior ability. I did, and as a result, against all other earlier predictions she gained a university place. The others we dealt with were not all as bright or as successful but with all of them we feel sure our efforts do not fall entirely on stony ground.

APPENDIX

Child Guidance Work in Outline

The aim of Child Guidance is prevention whenever possible and early diagnosis of the problems that do occur. Action is based on a thorough diagnosis and is normally taken after a case conference of all the relevant professional workers.

A. Preventive Work

This includes general advice to parents and teachers and may take four forms.

- (1) The provision of an easily accessible service for advice to parents, teachers and others dealing with children.
- (2) Lectures and discussions with parent/teacher and other groups interested in children's problems, mental health or education.
- (3) Advice to schools on new methods or approaches derived from psychological or educational research.

B. Diagnosis

Before children with behavioural, emotional or educational problems can be helped there must be a thorough diagnosis of their individual difficulties. Examinations are carried out by the Educational Psychologists and testing may be done by the psychological examiners. There is close liaison with other services and information may be obtained from the Speech Therapist, School Medical Officers, the audiometrician, etc., etc. Combined meetings with medical personnel are frequent. A variety of tests and procedures are used. The social worker or psychologists may see the parent in order to obtain a history of the child's developmental milestones and his social environment, including assessment of interpersonal relationships within the family and the ability of the parents to cope

with the situation. Where medical and psychological/educational problems are most likely to be combined, e.g. in the Junior Training Centre or Carnforth Special School, joint visits are made by the Deputy Medical Officer and the Senior Educational Psychologist. A Combined Clinic attended by the Paediatrician and other medical personnel is also attended by a member of the Child Guidance staff.

C. Action based on the Diagnosis

The types of help which can follow on diagnosis are as follows:

1. *Advice* on handling to parents and teachers or recommendations to the Director of Education.
2. *Educational advice* to schools giving concrete guidance on methods and materials after specific diagnosis of individual difficulties.
3. *Intensive remedial education* by the remedial service or within the Child Guidance Centre.
4. *Individual Therapy* for children with emotional, behavioural or educational problems.
5. *Group Therapy* for children with emotional, behavioural or educational problems.
6. *Individual work with parents* of such children over a period of time to alter handling and attitudes or to lend support.
7. *Group work with parents* who discuss the problems of handling their children who may or may not be receiving individual therapy.

D. Miscellaneous Duties as may appear necessary or are requested by the Director of Education

E. Research

Research into certain problems is being undertaken in order to confirm or refute hypotheses which have been formulated.

PHYSICAL EDUCATION

(Report by Mr. L. R. G. Welham, Organiser of Physical Education)

Perhaps the main characteristic of the year's work in physical education can best be summed up as one of increase in participation. This increase was obviously more apparent in the secondary schools where a large range of physical activities was taught.

The usual timetable arrangements allowed for work in the hall or gymnasium, on the playing field and at the swimming pool. In the secondary schools the timetabled lessons gave basic coaching in a variety of activities, the boys' departments concentrating more on work of a gymnastic type coupled with games activities, whilst the girls' departments included movement and modern dance lessons. In particular, the older girls obtained much satisfaction and a keen, imaginative and aesthetic pleasure from this type of work frequently culminating in the presentation of dance drama.

All secondary schools had indoor facilities suitable for this type of work but the inclement weather experienced during the first half of the year resulted in a curtailment of many activities planned for out of doors. It did, however, emphasise the value of purpose built sports halls and those schools possessing their own were able to carry out a range of physical activity denied to those schools whose premises were deficient in this respect.

With time being the limiting factor during school hours, it is obvious that any main developments must take place out of school hours as extra-curricular activity. Several schools, therefore, set aside some time during lunch hours and after school for pupils to take part in a variety of recreative activities, and on occasions classrooms and corridors were all brought into use for this purpose. Many schools carried out a series of house competitions during this time whilst on other occasions the time was used by pupils to play against one another purely for enjoyment. Many schools ran clubs after school for such things as modern dance, gymnastics, trampolining, badminton, table tennis and fencing. The inter-school competitive activities were all carried out after school hours. These took place sometimes directly after school, sometimes during the evenings and on other occasions on Saturdays and during school holidays. The number of these competitive activities has grown year by year and this year was no exception.

During the year much more use was made of the larger secondary schools' sporting facilities by members of the general public, particularly for swimming, badminton, netball and football. It is to be hoped that the policy of dual usage of premises may provide the link whereby more pupils will be enabled to carry on with their physical recreation after leaving school.

The splendid new facilities at the Havelock School gave a new concept and impetus to the physical education undertaken here.

During the year major improvements were carried out at the Eleanor Street Pool. These comprised separate changing rooms for boys and girls, pre-cleansing facilities, showers and footbaths. The old bunks were also removed and this improved the sidewalk of the bath. These improvements will enable classes of up to 40 pupils to receive swimming instruction each half-hour throughout the day. This is an excellent learners' pool and should increase the overall number of attendances by up to 20 per cent. The Pool was used during the day mainly by primary school learners.

Swimming held its usual prominent position as one of the most popular activities for boys and girls. Lifesaving awards and personal survival awards were gained in large numbers, details of which were given in the annual report on swimming. Inter-school galas were held as usual and the performance of the competitors continued to rise. At county level, Grimsby competitors practically swept the board in each event. The local A.S.A. swimming clubs showed a great interest in the young competitive swimmers and have now taken over this aspect of their training.

In the words of the Newsom Report, "The essential needs in physical education for many older pupils could perhaps be summed up in the words variety, choice, better facilities and links with adult organisations." Our schools have gone a long way towards achieving this.

At primary level the aim was to produce a balanced programme whereby the pupils could have activity of an athletic and acrobatics type as well as ball games, swimming, dance and drama. In the school hall and in the playground small equipment and primary apparatus were used to good effect, enabling the pupils to explore and experiment in movement. At the same time, self-confidence and initiative were developed. Lessons involving dance and drama stimulated the imagination and gave opportunity for creative activity. A variety of musical instruments and special radio lessons gave variety to the work and enriched the experiences of these young pupils. Most primary junior schools had the opportunity of playing on grass pitches throughout the year and the great majority of the schools had their own field adjacent to the schools.

The year was again a very successful one for junior school swimming, with 1,299 pupils out of 1,550 being able to swim before transferring for secondary education (i.e. 83 per cent). 157 pupils also gained the elementary certificate of the Royal Life Saving Society and 814 personal survival awards were gained of which 81 were for the highest award (Gold).

The games programme included inter-school competition in Association Football, Netball, Swimming and Athletics. Several schools took part in an afternoon's Folk Dancing at Nunsthorpe Primary Girls' School when yet again the rain interrupted some of the proceedings.

Pupils from both primary and secondary schools attended the summer camps held for eight weeks at the Humberston Y.M.C.A. Camp. These camping sessions were regarded by the Head Teachers as a most worthy educational project. In addition to the benefits gained in physical, social and moral training many pupils exhibited and developed sides of their character not revealed whilst in the confines of the usual school routine.

